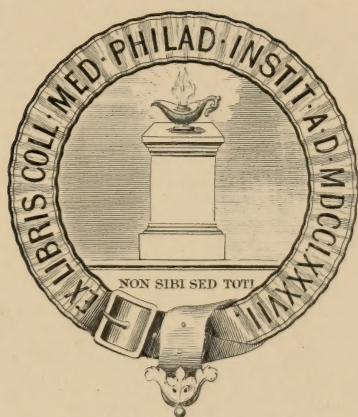
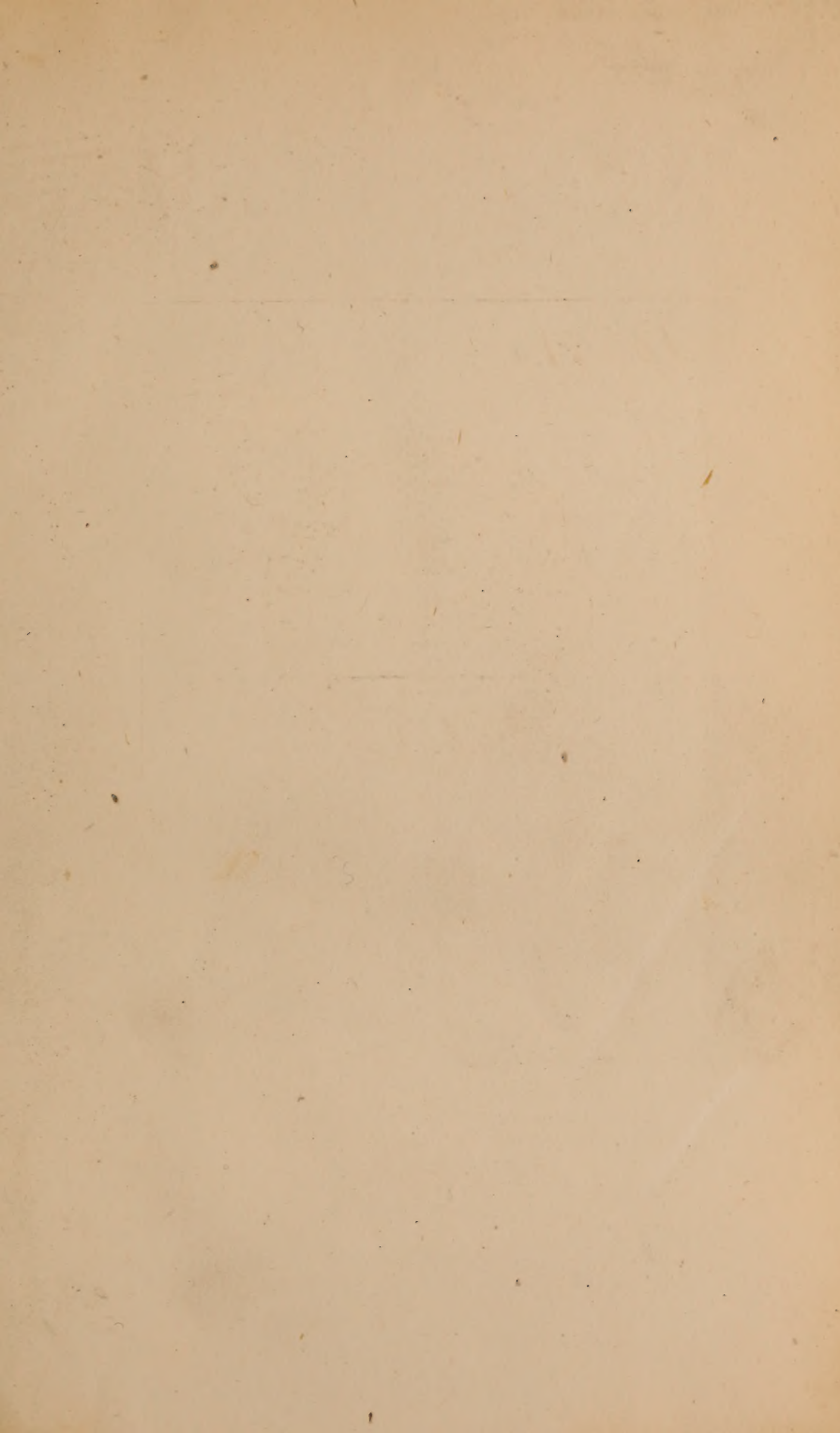


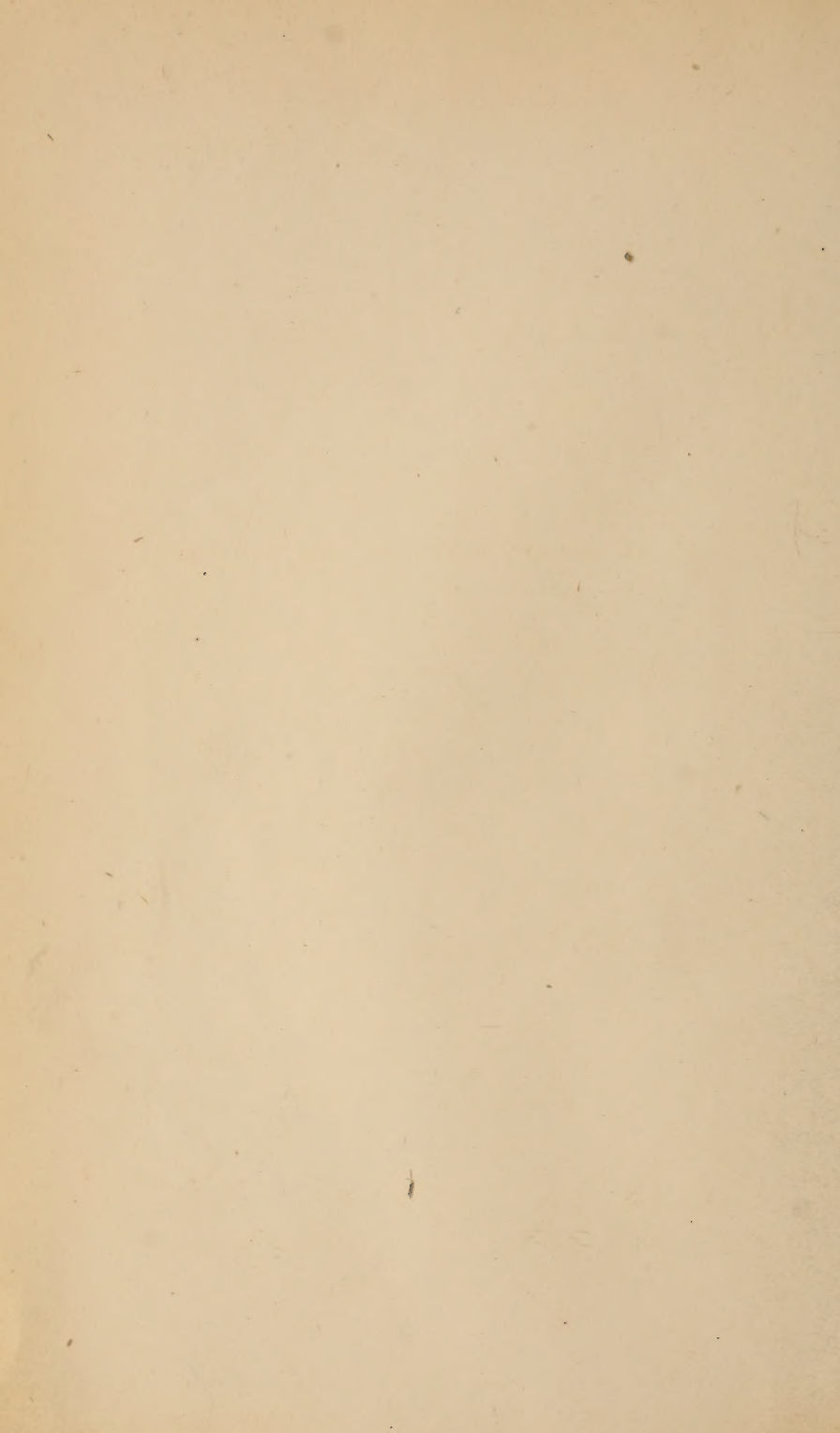
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THE CINCINNATI

LANCET AND OBSERVER.

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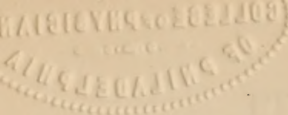
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E. B. STEVENS, Editor.

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Vol. XIV.—JANUARY, 1871—No. 1.

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Original Communications.

*Art. 1.—Chloroform Deaths.*

TWELVE UNPUBLISHED CASES—COMPARISON BETWEEN CHLOROFORM  
AND OTHER ANÆSTHETICS—RATE AND CAUSE OF DEATH—MODE OF  
ADMINISTRATION—MEANS OF RESUSCITATION.

By W. W. DAWSON, M. D., Surgeon to Cincinnati Hospital.

“He laughs at scars who never felt a wound,” is an old and significant saying, uttered long before anæsthetics were thought of, or at least realized; it is, however, peculiarly applicable to those who have never met with an accident in the use of these agents. A gentleman may go on for years, for half a score and more of years; he may give chloroform thousands of times, as did the celebrated Simpson, and many others equally renowned, equally skillful, and never meet with an unfortunate case; but suddenly

and unexpectedly that case comes, as it did to the distinguished discoverer of the anæsthetic properties of chloroform; and when it does come, it comes with a pronunciation distinct, startling, arresting, a pronunciation calculated to arouse in him the deepest interest, the most profound reflection, the most earnest inquiry. The question immediately presents itself: Could this have been prevented?

In his lecture on "Death from Chloroform," Dr. Benjamin W. Richardson, of London, says: "The time is fitting for a careful study of the important question before us, for deaths from chloroform seem to be—I do not say they are—seriously on the increase, and the hearts of the boldest are in some fear whenever they summon the agent to their aid." There can be no doubt that the mortality of chloroform is increasing, and what Dr. Richardson speaks of as a probability, is an unquestioned fact. The statistics of chloroform are defective, imperfect, far from complete. In a few weeks—since the 13th of October last, the date of my unfortunate case—I have collected, with but little trouble, the history of twelve hitherto unpublished cases, most of them having occurred in this vicinity.

GENERAL AND LOCAL ANÆSTHESIA are the means presented to the surgeon when about to perform an operation. The latter, local anæsthesia, can claim for itself entire safety; that it may be applied without the slightest danger is patent to all; but, unfortunately, it has so limited a range in its application, that it can only be used for the most insignificant operations—operations involving small and superficial regions. Apparent as this seems to be, it was not without surprise that a case—a painless case—of Ovariectomy was reported a few years ago, in which Richardson's apparatus was employed for the production of the anæsthesia. A duplicate of this case has not been published. Until local anæsthesia is brought to a greater perfection, general anæsthesia, with its dangers, must be accepted.

Dr. B. W. Richardson, the author of local anæsthesia, in the lecture upon this subject, already referred to, says: "In the outset of our work, I think it best we should honestly admit this truth, that whatever our admiration may be of the scientific advancements which have in our day been made for the relief of pain during surgical operations, we are bound to season the admiration with the disagreeable knowledge that the blessing we confer on humanity, when we resort to the application of general anæsthesia

is not unmixed with danger and sorrow. At present we are forced to know, for example, that the administration of this, the most common agent employed for anæsthesia—chloroform—is attended with a certain fixed mortality. We are bound, therefore, to consider whether that mortality is necessarily to remain; we are bound to inquire if the mortality be an essential part of the administration; and, if so, we are bound further to ask whether the general value of the agent is commensurate with the special evil. It has been urged that if any other medicinal agent than chloroform had caused as many deaths, it would long ere this have been ruthlessly expunged from practice. The assertion is true and untrue; true, on the argument that an agent of doubtful usefulness, or of limited usefulness, produces a certain evil; untrue, on the argument that an agent of certain and most extended usefulness produces an occasional evil. But chloroform is an agent which is of certain and most extended usefulness; therefore the argument against chloroform, when carried to the expulsion of it because of its evil, is untrue.

“Behind all these remains the inquiry whether we ought to accept the necessity of danger from general anæsthesia at all. Can we avoid every danger and supply every good? Perhaps we can not; we ought nevertheless to try so to do, and perhaps we may succeed. In endeavoring to avoid danger we have two lines of research before us. We may inquire whether we can so reform the anæsthetic process altogether as to insure success; we may inquire whether we can so master the effects of anæsthetic agents that we can use *any* with perfect safety, and especially *that* agent *chloroform*, with which the world and the profession are most familiar. I, for one, have trodden both these lines of research. I have introduced new methods, which, I have hoped, would conduce to safety in anæsthesia. I have studied much to make *local* anæsthesia a ready and perfected process, and, on the whole, I have reason to be satisfied with the results which have fallen to me. In science, however, it is quite hopeless in any man to harbor a prejudice or ignore natural truth; and so I am open to confess that, however we may yet perfect the only perfectly safe—I mean the *local*—method of abolishing pain, we shall still often require a general anæsthetic.”

For general anæsthesia we have a number of agents which we may call to our service. At the head of the list stands *Chloroform*; then comes *Ether*, *Nitrous Oxide*, *Bichloride of Methylene*, *Tetrachloride*

of Carbon, the "*Vienna mixture*" consisting of one part of chloroform and six of absolute ether and other combinations of ether and chloroform, varying in the relative proportion of the two agents. The late Dr. Mussey used them in the proportion one part of the latter to two of the former; others again mix them equally. Unfortunate cases, "accidents," if you please, have followed the use of all of these anæsthetics. Chloroform leads them all in popular and professional favor, as it does in the number of its victims.

RATE OF DEATH FROM ANÆSTHETICS.—From an article on "The Relative Dangers of Anæsthesia by Chloroform and Ether, from statistics of 208,893 cases,"\* I am enabled to present the subjoined table:

|                              |                                    |
|------------------------------|------------------------------------|
| Sulphuric Ether.....         | 1 death to 23,204 administrations. |
| Chloroform. ....             | 1 " 2,723 "                        |
| Mixed Chloroform and Ether.. | 1 " 6,588 "                        |
| Bichloride of Methylene..... | 1 " 7,000 "                        |
| Nitrous Oxide.....           | No deaths in 75,000.               |

These are startling figures, and while they are, no doubt, too favorable for ether and nitrous oxide, they hardly present the fatality of chloroform.

In discussing the rate of mortality, Dr. Richardson says: "When I was engaged in writing the medical history of England for the *Medical Times and Gazette*, in the years 1864 and 1865, I visited, in turn, eight hospitals, viz: Norwich, Lynn, Stafford, Wolverhampton, Newcastle-under-Lyne, Brighton, Birmingham, General Hospital and Birmingham Queen's Hospital. From the books of these institutions I collected, personally, the number of administrations of chloroform in each institution from the first, in 1848, and before I arrived at a death, I recorded no less than 17,000 administrations. Now, one death in 17,000 cases reduces the mortality to a nominal value, and if this experience were supported by all experiences, we need trouble ourselves little for any better agent than chloroform. But mark the result of the five years' subsequent experience in the very same institutions.

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\*We find this interesting and valuable article in the *Richmond and Louisville Medical Journal*, under the "Eclectic Department," and regret that the name of its accomplished author is not given.



Since 1864 there have been in these hospitals 7,500 administrations, with 6 deaths, or 1 death in every 1,250 cases. After I had visited the hospitals above named, in 1864, I visited in the same and following year six other hospitals, viz: at Lincoln, Bath, Oxford, Cambridge, Reading and Nottingham. In these I collected the facts of 7,900 administrations, from the year 1848, with a result of 3 deaths, or 1 in 2,633 cases. In these same hospitals, in the subsequent five years, there have been 2,762 administrations with the result of 1 death.

"If, finally, in relation to these large hospital's statistics, we put all the facts together, we find that in the twenty-one years, from 1848 to 1869, inclusive, in the thirteen hospitals named, there were 35,162 administrations of chloroform with a proportion of 11 deaths. I believe this to be the largest reliable series of cases of administration as yet collected, and I know it to be just. Doubtful cases of death from this agent there are none, and in every case a qualified and competent practitioner was the administrator.

"If from individual and general Hospital experiences we pass to the experiences of particular Hospitals, we find, again, the widest difference of results from chloroform administrations. Some Hospitals, like some individuals, are fortunate, some unfortunate. There are before me the statistics of two Hospitals so alike that we might call them twins; they have the same average of patients, the same average number of administrations a year, the same precise length of experience. In one of these, in twenty-one years, there have been 1,575 administrations without a death; in the other the mortality has been 1 death in 525 cases. I could multiply these illustrations were the labor necessary. It is not necessary. My preliminary purpose is fulfilled if I have proved that, in the face of the facts of frequent runs of so-called good luck, by particular men, or in groups of Hospitals, or in particular Hospitals, there is, under the most favorable aspect of chloroform, a given mortality, which, up to this moment, seems to be a necessary mortality, just as there is a mortality from accidents and acute diseases like fevers. The mortality is, moreover, considerably greater than is known, for cases occur constantly which are not recorded. I compute favorably from the facts given above that the rate of mortality is as one in 3,500 administrations of chloroform (I think it really is greater, and that 1 death in

2,000 to 2,500 administrations would be nearer the truth); but even at this rate we have no other remedial agent which approaches chloroform in point of danger."

Appalling as these statements are *chloroform is still, and will, without doubt, continue to be, the favorite with the great majority of the profession.* The small quantity necessary, its prompt action, the profound anæsthesia which it produces, the ease with which this insensibility may be prolonged for hours, if desirable, gives chloroform an advantage over all agents yet presented: indeed, sulphuric ether is, so far, its only rival.

**SULPHURIC ETHER.**—The objections to sulphuric ether as an anæsthetic are many. The time necessary to produce anæsthesia is much longer than that required by any other agent; the mental excitement is very great, the muscular convulsions are very violent, the quantity essential to produce and keep up the insensibility is large; indeed, in some operations, and especially in those about the mouth, it is impossible to employ the ether after the beginning of the operation. I witnessed a marked example of this recently. My friend, Prof. W. H. Mussey, in the Cincinnati Hospital, removed the left superior maxillary. He rendered the man insensible by ether, but after the incisions necessary to detach the skin his patient was perfectly conscious, and had to be left so until the completion of the excision. The agony was fearful, but it could not be prevented. In such a case a few drops of chloroform applied to the nose occasionally would have kept up complete anæsthesia, but this could not be done with an agent requiring both time and quantity to make its impression.

Upon the advantages of ether, and its manner of killing, I present the following from Prof. Gosselin, *Bulletin Général de Thérapeutique*, 1868, *Medical Compendium*, 1869:

"Ether presents certain advantages over chloroform. Anæsthetic syncope is less frequent with it than with the latter, but the following case which has happened under our eyes shows that death may be caused by it. A man came into the wards suffering from luxation of the thigh, with fracture, and also a fracture of the arm of the opposite side. So far from being in a state of stupor, he was in a condition of exalted sensibility, and complained bitterly of the intense pain at the position of the luxation. What

was to be done? It was necessary to relieve the luxation on account of the agony caused by it. The fractured thigh forbade its being done without an anæsthetic. It was, therefore, resolved to employ one, and ether was cited as the safer.

"Anæsthesia was readily produced, and the luxation reduced. The patient, however, did not return to consciousness, and the pulse began to fail, although respiration continued normal.

"The possibility of anæsthetic syncope immediately occurred to us. Cold water was dashed upon the face of the patient, and he was switched somewhat; artificial respiration was also practiced, although the respiratory movements were normal (! W. W. D.) Under the influence of these stimulants the pulse increased so as to be very perceptible, but consciousness did not return, and the respiration became hurried. Then the face grew blue, the lips violet, and the whole anterior portion of the chest cyanosed. The breathing continued stertorous for half an hour longer, when the patient died.

"The autopsy did not reveal anything of moment. The brain was healthy; the left cavities of the heart, gorged with black blood; the lungs congested, and the bronchial tubes a little frothy. The autopsy only showed that the immediate cause of death was asphyxia. But its cause? Is it necessary to admit an alteration of the blood by an absorption of the vapor, and a consequent obstacle to oxygenation, or to asphyxia by alteration, which received a sufficient quantity of blood in the lungs, but which was not able to assimilate it? Was it not rather an asphyxia caused by paralysis of the lungs, similar to that seen by Dupuytren and Provençal upon cutting the pneumogastrics?"

Dr. W. H. Mussey, in the CINCINNATI LANCET AND OBSERVER for January, 1861, reports a death from sulphuric ether.

And still further, as damaging to the record of ether, I introduce the following (*Medical Compendium*, 1868):

"It is stated in the *British Medical Journal* for July 20, 1867, p. 48, that Lyons is the only city in France, and Boston in the United States of America, where chloroform is laid aside and ether preferred as an anæsthetic. A death having taken place this summer at Lyons, in a woman of delicate constitution, under anæsthesia, while an orthopedic apparatus was being adjusted to her foot to correct some deformity, the fact gave occasion to a discussion at the Academy of Medicine in that city. It then appeared that, since the resolution had been come to, under a



certain predominance of opinion, to adhere to the use of ether, *no less than seven deaths had occurred under anæsthesia at Lyons*; whereas, in Paris, during the fourteen years that chloroform has been in use, over a much wider range of cases, *the same figure expresses the total number of casualties, for they have been no more than seven.*"

Dr. Walter Burnham, in the *Boston Medical and Surgical Journal*, December 8, 1870, reports a death from sulphuric ether. It occurred in the army in 1862. The patient was a soldier; had been wounded in the knee, and was placed on the table for amputation. He was a stout-built German; pulse 80; had no symptoms indicating either exhaustion or shock. It required about ten minutes to render him entirely insensible. While the tourniquet was being applied, he showed some signs of returning consciousness. The ether was again applied for a few seconds, when, on complete anæsthesia being manifest, Dr. B. removed the towel from his face. The surgeon in charge directed Dr. B. to "crowd that ether." After one or two more inspirations the patient ceased to breathe. Dr. B. says "there was no hemorrhage, or any other apparent reason for his death. Very soon after he began to inhale the ether, his pulse was noticed to grow feeble."

The editor of the *Boston Journal* heads the page over this case with "Alleged Death from Sulphuric Ether," while Dr. B. styles his history "Death from the Effects of Sulphuric Ether." The editor adds, in brackets, "in an overdose," and asks the question, whether this death was from the *use* or *abuse* of ether. No unprejudiced reader can avoid the conclusion that Dr. Burnham is right, and this death is fairly attributable to the use of ether.

The statistics heretofore presented are, as I have already suggested, too partial; on the question of safety they place ether too far in advance of chloroform. Were it possible to collect the casualties of ether, they would largely, very largely, exceed 1 in 23,204.

**NITROUS OXIDE.**—The table quoted, gives 75,000 administrations without one death; this is undoubtedly an error. In 1862, a death was reported. The patient died within an hour after inhaling the gas; it is said, however, that he had consumption and was near his end. The Colton Association have now given the gas about 100,000 times, and the accident referred to is the only one which has followed the use of this agent. Its safety depends



on the fact that persons are kept under its influence but for a moment. Protract its administration as we do chloroform and ether, and its victims would far outnumber those of all the other anæsthetic agents combined. No surgeon or physician who has stood by and witnessed a dentist give nitrous oxide for the extraction of teeth, would be willing to hazard any individual under the full influence of this gas, for an operation which would last *one-half minute*. The appearance of the person while inhaling, as he is pushed beyond the point of excitement, to a condition of insensibility, is fearful; the pulse is quick, the breathing labored, the vessels of the face and neck are turgid, the face assumes an ashy hue; indeed, the whole aspect is one of danger. The relief which the sudden subsidence of these alarming symptoms, and the return to consciousness of the patient gives, can only be felt, but not described by the looker on. "It can not be too widely understood," says Richardson, "that protoxide of nitrogen is not an *anæsthetic* in the true sense of the word, but an *asphyxiating agent*; *that its effects are identical with those of poisoning by carbonic acid gas*." I may add that in those surgical operations performed under its influence, the patients were merely intoxicated—not insensible.

For a momentary operation, such as the extraction of a tooth, this gas, powerful as its impression is, seems to be by far the safest agent. The erect position usually taken for the extraction of teeth, is, as we shall see farther on in this paper, a dangerous position for the administration of chloroform.

BICHLORIDE OF METHYLENE.—The only death so far by bichloride of methylene is reported in the *British Medical Journal*, May, 1870. The patient was a stout man of 40 years, and was placed on the table in Guy's Hospital, for an iridectomy in each eye. One drachm of the methylene was used, but the mode of its administration is not given. The muscular convulsions were violent, and "he became very bluish in color" before anæsthesia was produced. The methylene was removed before the operation was commenced. "The operation on the right eye was completed, and then the left eye was operated upon. During the second operation, the patient's appearance was normal; there was no blueness; and when the incision was made, he flinched and showed distinct signs of pain. The eyes were bound up and the patient left on the couch, while one of the assistants noted down the nature of the

operation. About three minutes had elapsed when it was noticed that the respiration was shallow and catching. On touching the radial pulse, it could not be felt. The color was normal; except at the angles of the mouth, which were blue. The patient was immediately turned on his left side. There were a few gasping inspirations, then all ceased, the patient remaining pale. For about ten minutes the galvanic current, and for about an hour, artificial inspiration (Sylvester) were employed without success.

*Post-mortem examination.* All parts were perfectly healthy, except the heart and lungs. The muscular structure of the heart was quite healthy; there was no undue proportion of the fat; the walls were strong; the valves healthy; on the surface of the left ventricle were small spots of ecchymosis, of the size of pin's heads, about twenty in number. There were none on the right ventricle; the left ventricle was empty and contracted; the right contained some fluid blood; the lungs were congested; the blood was fluid and of dark color."

How like a chloroform history this sounds? Displace methylene and place chloroform in its stead, and the record would faithfully describe scores of the deaths by chloroform, which may be found scattered through the medical journals of the day, with the single exception of the "small spots of ecchymosis" on the surface of the left ventricle, these have not been observed in any fatal case of chloroform which I have examined. The condition of the cavities, the empty left ventricle, the congested lungs, and the fluid and dark color of the blood generally resemble, very closely, what was found in my unfortunate case, that of Bridget Henry. The heart in the methylene case could hardly be called a diseased one, the ecchymosed spots were evidently due to the anæsthetic, and so also the congestion of the lungs. *Methylene chose, as we see, for its first victim, a man in vigorous health.*

**TETRACHLORIDE OF CARBON.**—Prof. E. Andrews, of Chicago, gives the conduct of this new candidate for favor, as an anæsthetic when put upon trial. He says (I quote from *Medical Compendium*, 1869): "Nothing remarkable occurred at first, but after the lapse of a few minutes the assistant, whose duty it was to watch the pulse, observed that it increased suddenly in frequency, so that in a short time he was unable to count it. At the same time the patient, who was not yet unconscious, complained of a violent pain, as of cramp, in the vicinity of the heart, and after a moment more the

pulse and respiration both suddenly ceased. The patient's head was spasmodically drawn backward, the countenance looked pale and deathly, and the pupils of the eyes dilated until the iris could scarcely be seen. Artificial respiration was at once commenced, and strong aqua ammonia was rubbed in the nostrils, under which treatment, the patient revived again, although to all appearance almost dead. The anæsthesia was then completed by concentrated sulphuric ether, without further accident, and the carious bone excised in the usual manner. I do not think that there remained any prolonged unfavorable effect after the use of the tetrachloride, but the sudden advent of such urgent and dangerous symptoms made a strongly unfavorable impression on my mind, for the patient was much nearer death than I ever saw one go under ether. I certainly shall not venture on the use of the article again, unless very extensive experience by others demonstrates its safety."

Sir James Y. Simpson, who introduced this agent to the profession as an anæsthetic, although I believe it had been previously used as such by others, in an article in the *Medical Times and Gazette*, for 1865, states that it requires a longer time to produce anæsthesia with it than it does with chloroform, that the patient is longer in recovering from its effects, and that its depressing influence on the heart is greater.

THE VIENNA AND OTHER MIXTURES OF CHLOROFORM AND ETHER, are claimed by some to be more safe than chloroform alone, but as these agents are of different physical characters, specific gravity, density, and as their union is a mere mechanical one, it is apparent that we get the first effects from the lighter ether and the heavier chloroform keeps up the process. It would be more rational if there is safety in the two, to give them separately, that is, make the first impression by ether and continue it by chloroform.

#### CASES.

##### CASE 1.—*Death by Sudden and Continued Contraction of the Heart.*—

Bridget Henry, Cincinnati Hospital, Oct. 13th, 1870. Surgical clinic of W. W. Dawson, M. D. Reported by R. J. Clark, M. D., resident physician.

"Bridget Henry, admitted July 7th, 1870, aged 38, married, housewife; states that during the autumn of 1869, a swelling appeared on the dorsum of the right foot, this swelling gradually became larger and was quite painful. She consulted a physician of this city, and he opened it with a bistoury, hemorrhage ensued—



the tumor gradually diminished in size, and did not give her much trouble until March, 1870, when a dark colored tumor made its appearance in the site of the first swelling. This tumor has gradually increased in size up to the present time, and has been attended with considerable pain. She has been an habitual drinker for several years, and was once treated for *mania a potu*. Present condition—She is a woman of above medium size, fleshy, dark hair and eyes, abdomen enlarged to about size of third month of pregnancy, has a dark colored tumor, fungus hæmatodes, on the dorsum of right foot, involving the bases of two of the toes; it is soft to the touch and is about size of an English walnut, it frequently bleeds, especially when touched. She has not menstruated for three years, is the mother of three children.

On July 28 the tumor was removed by a ligature applied to its base and desiccated sulph. zinc applied to the stump. During this time it was necessary to give the patient large doses of morphia to ease pain and procure rest.

Sept. 10. Attention was again called to the tumor in the abdomen, it was examined and supposed to be a fibroid of the uterus. The heart and urine were also examined and nothing abnormal found. Pulse from 70 to 80.

Sept. 12. Stopped morphia and ordered chloral hydrate to be given in doses of ʒss every hour until sleep.

Sept. 20. Stopped chloral and resumed the use of morphia as it seemed to control the pain better.

Oct. 13. Patient taken before the class, placed under chloroform and the foot removed by Syme's operation. Before the operation was completed the patient suddenly died. She had passed easily under the influence of the chloroform, and in about one minute and a half after becoming insensible, she ceased to breathe. Breathing and pulse fair up to the very instant when both were arrested. Persistent efforts were made to restore her, but without avail. Artificial respiration, electricity, &c. The amount of chloroform used was 75 minims; a portion of the same chloroform was tested and found to be pure.

An *Autopsy* was made ten hours after her death. Scalp found congested and injection of the arachnoid; small amount of fluid in each ventricle; veins of lateral ventricles and septum lucidum distended with blood; entire brain substance more moist than normal. The lungs were engorged, but beyond this presented nothing peculiar.

Heart—Cavities empty, almost entire right ventricle covered with a layer of fat, valves of right side transparent and flexible, a band of calcareous matter about  $\frac{3}{4}$  of an inch in length, extending from near the base of the mitral to within a short distance of one of the semilunar valves; aortic valves slightly thickened, all valves at left side flexible and apparently competent. The muscular substance of the heart was in a state of fatty degeneration.

Kidneys—Left one weighed 3vj., capsule thin and readily de-



tached, cut section granular, line of separation between cortex and pyramids distinct. Right one weighed 3 iijss., capsule thickened and closely adherent, cut section granular very little pyramidal structure, cortex  $\frac{7}{8}$  inch thick.

Liver—Weight 783; substance fatty.

Uterus—One large and one small fibroid tumor were found developed in the uterine walls. Dimensions of largest one, 6 inches in length and 5 inches in transverse and antero-posterior diameters, small tumor about  $2\frac{1}{2}$  inches in its diameter, walls of uterus presented appearance of an advanced stage of pregnancy.

Blood was fluid throughout the body."

It will be noticed in this case that there was a simultaneous arrest of the heart's action, and of respiration, and with all our efforts at resuscitation—*artificial respiration being kept up for one hour and three-quarters*—there was not the slightest indication of a return to life; the lungs were alternately filled and emptied, but *the heart remained still, motionless*. The blight here was through the lungs, directly upon the heart, producing a *sudden and continued contraction*, as shown by the empty condition of the cavities. Had this been by a sudden contraction of the pulmonary arterial vessels, by which the blood would have been driven back upon the heart, the lungs, as suggested by Richardson, would have been found blanched and the right heart filled with blood. In this way, death, without question, frequently occurs in a dilated right heart or in a fatty heart. The sudden regurgitation of the blood through the pulmonary artery, by which the right ventricle is flooded, distended and paralyzed, takes from the organ the power to contract, death is inevitable. Bridget Henry, although her heart was in a state of fatty degeneration, did not die in this way, the cavities in her case, as we have seen, were entirely empty.

Dr. E. A. Clark, in the *Humboldt Medical Archives*, reports a case where death resulted in the same manner that it did in the case of Bridget Henry. The *post-mortem* showed the heart, lungs and brain healthy, but the cardiac cavities were empty, showing that the first damaging effect of the chloroform was upon the heart, causing a *positive and unyielding contraction*. This view is supported by the fact that after the patient had been placed on his back with his head lowered and cold water dashed in his face, "three or four long inspirations" were taken, "without, however, affecting the circulation in the least." Dr. Clark says, "this (artificial respiration) was continued without any relaxation for an hour and forty minutes, but without in the least reviving the ac-

tion of the heart, which, I am confident, never beat again from the moment that natural respiration ceased; he was dead from that instant."

CASE 2.—*Death of an Intemperate Man before the Completion of an Amputation of the Leg.* Dr. E. Ashton, of Lima, Ohio, reports this case, as follows:

"Sometime in the month of January, 1857, a man named Boston Ike, a notorious drunkard, bought a jug of liquor in the evening, and started for his home on the line of the D. & M. R. R., then in process of construction. On the following morning he was found, by his friends, lying beside a stump and badly frozen. I did not see him for several weeks, when I was called to amputate both lower extremities. Both feet had sloughed off above the ankle; he was much emaciated and suffering from an irritable cough, the latter the result, no doubt, of that night's exposure. Seeing the condition of the man, I objected to giving him chloroform; but his fear of the operation and unwillingness to have it performed without being rendered insensible to pain, were so great, that his attending physician urged its administration. Dr. Curtis administered the chloroform from a sponge held in the hand. He seemed to have some little difficulty in inhaling the vapor, but after a few inspirations, he had no further difficulty, and passed quietly and fully under its influence. I proceeded to perform the operation, but had barely completed the incisions and was about to use the saw, when my attention was called to the patient; from his expression and the character of his breathing, I saw that all was not right. Upon dropping the saw and placing myself beside my patient, I felt his pulse at the wrist; his breathing, however, ceased instantly, and all efforts to re-establish it were in vain."

The prostration and emaciation in such a case as this, where both feet have been lost by gangrene, the result of frost, is necessarily very great. I saw, some years ago, Dr. Thomas Wood operate under chloroform, in a case very much like Dr. Ashton's; both feet had been lost by exposure to cold; the patient, an old man of about sixty, was thin, worn and wasted by long suffering; but he slept like an infant in its mother's arms, while Dr. Wood worked up the stumps. Emaciation merely is no bar to the use of chloroform; but emaciation in connection with the excessive and long-continued use of alcohol, renders the hazards of the anæsthetic much greater.

CASE 3.—*Death after Amputation of the Thigh. Second Administration of Chloroform.* Reported by Dr. J. W. Hadlock.

"During the month of September, 1865, at Idaho City, Mr. R., a stout, robust, vigorous man, of good habits, became engaged in a

personal difficulty, during which he received a shot from a large sized Colt's navy revolver, about the middle of the thigh, the ball fracturing the femur to considerable extent. An effort was made to save the limb, but after six day's trial, in that direction, it became evident that it must be removed. The day previous to the amputation, the patient was placed under chloroform and a thorough examination of the injury made. This examination lasted some minutes, the patient coming from under the anæsthetic without any unpleasant symptoms. The following day the operation was made at the junction of the upper and middle thirds of the thigh. The patient went under the influence of the chloroform in an easy and quiet manner, but just as the flaps were being brought together, Dr. Bell, who was attending to the chloroform, remarked: 'This man is dying,' and after two or three faint gasps, he stopped breathing. Efforts at resuscitation were made, but were of no avail. I make this record from memory, and can not now remember whether the heart's action ceased simultaneously with the breathing. The patient was not reduced or emaciated, but was in a good condition for an operation."

This case evidently belongs to Dr. Reeve's 6th class, viz: "Cases in which every precaution seems to have been observed, and no explanation of the death can be given, in the present state of our knowledge."\*

*CASE 4.—Death while the Anæsthesia was but Partial, patient in an erect position for the Extraction of Teeth; had taken it frequently to complete insensibility. Reported by Dr. J. G. Wilson, Washington C. H., O.*

"On September 29, 1870, Dr. Hamilton called on me to administer chloroform to Mrs. Col. Garriss, who had come to his office to have eight teeth extracted. I met Col. Garriss at the foot of the stairs leading to Dr. H.'s office, and he requested me not to put his wife fully under the influence; to give her only enough to allay pain. I found her sitting in the dentist's chair. I asked her if she could stand it to have her teeth extracted without being insensible? She answered: 'I expect I can, but I am not afraid of chloroform; I have taken it a hundred times, and I could have taken it myself to-day, without sending for you, but they would not allow me to do so.' I gave it on a napkin, held from 1½ to 2 inches from the mouth, and after inhaling the vapor two or three minutes, she said: 'If the dentist is ready I am.' When Dr. H. introduced the forceps, she caught his hands; I removed her grasp to mine, and she held my hands firmly. When the tooth was drawn

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\* On the causes of death from chloroform, with an analysis of the reported total cases from the inhalation of that agent, and an endeavor to classify them by J. C. Reeve, M. D.—*American Journal of the Medical Sciences*, 1867.



she screamed so as to be heard across the street. As Dr. H. was about to engage another tooth, she caught his hand, and said: 'Hold on till I take more chloroform.' Dr. H. stepped back and I saw she was fainting. I laid her on the lounge. I could not detect either pulse or heart action. She continued to breathe at long and still longer intervals, blowing out the lips at each expiration. Her breathing reminded me of persons that I have seen die of apoplexy. Mrs. G. was 39 years of age, the mother of eight or nine children—of delicate health and very nervous. The pulse, before the administration, was 80; under the chloroform, it fell to 70. The amount of chloroform used did not exceed one drachm. It was procured from Allen & Co., Cincinnati, O., and on being tested, was found to be pure. I had used it before, and frequently since. Artificial respiration, electricity, cold water and stimulating enema were used."

As supplementary to this report, I may mention some facts in reference to the chloroform history of Mrs. Garriss, as given by Dr. Stewart, of Bloomingsburg, Ohio, at the Cincinnati Academy of Medicine during the present session. Dr. S. stated that he had known Mrs. G. all her life, had given her chloroform in all her labors except the last, when it was given by Dr. Wilson; that *he had kept her under its positive influence 12 hours during her first confinement*. That he had given it to her on three different occasions for the extraction of teeth, and always with the happiest effect and with the best results. He expressed the opinion that if chloroform had been pushed to complete insensibility at its last administration, that the termination of the case would have been different.

Upon the question of the comparative safety of partial and complete anæsthesia, the following, taken from the paper of Dr. Reeve already referred to, is pertinent: "Attention was first called to the probability that death, under chloroform, might be explained by the depressing effects of the surgical incisions upon the heart's action by Mr. Bickersteth, as long ago as 1853. 'He relates three instances in which the pulse suddenly ceased on the first incision by the surgeon, and commenced again in a few seconds, the breathing going on naturally all the time. All the three cases were amputation of the thigh.' Snow has never observed this change in the heart's action, although he says he has carefully watched for it, and he explains the cardiac irregularity by the direct effect of chloroform, its occurrence being just at the time when anæsthesia is at its height. The next investigator of this subject was M. Vigoroux, who presented his views to the Academy of Sciences. He started from the fact that a painful impression upon the sensi-



tive nerves influences the heart by reflex action in a manner exactly similar to a direct excitation of the par vagum, retarding or even arresting suddenly its movements. He first attempted a solution of the question, whether this influence of the external sensory nerves upon the heart's action was exerted during anæsthetic-sleep, and decided it in the affirmative. As we have not access to the detail of his experiments we cannot decide how justly this decision was made, but his further conclusions shake confidence in him entirely; they were that the influence mentioned not only exists, *but is augmented*, and that a majority of the deaths under chloroform could be attributed to this cause! M. Perrin, to whom we are chiefly indebted for a knowledge of M. Vigoroux's doctrines, disposes of these assumptions most effectually by calling attention to the number of deaths which have occurred before the operation began—35 out of 65! But M. Perrin investigated the subject for himself, and from reason and the careful examination of eight cases of operation under chloroform, concludes that it is only during the period of partial anæsthesia that this influence of external excitation upon the heart's action manifests itself while during complete anæsthesia it is abolished. 'To admit any reflex action whatever after sensibility to mechanical irritants is abolished, would be to admit an effect without a cause.' Mr. Bickersteth also expresses his conviction that accident in this way is less likely to occur when the anæsthesia is profound. Mr. Lister saw a patient die when partially under the influence of chloroform, and expresses the opinion that he would have passed safely through the operation had the influence been complete. This, then, brings us to a point at which the doctrine becomes of the highest practical importance; it forces upon us the question, Is partial anæsthesia more dangerous than complete? A question beside which the mode of death, simply considered as such, becomes insignificant. In support of the affirmative, we have seen that there is considerable respectable authority."

In his collection of cases, in the section bearing on partial and complete anæsthesia, Dr. Reeve introduces the following one which has a remarkable resemblance to that of Mrs. Garriſ. "A lady, San Francisco, (*Boston Medical Journal*, May 19th, 1864). The patient was seated in a dentist chair, and was 'much excited, by fear of the instruments. At a period when anæsthesia was manifestly incomplete as she seized the dentist's hand and removed it from her face, the tooth was extracted; 'but the jaws immedi-

ately after became clenched, and her head thrown back,' the breathing was arrested and death rapidly ensued."

CASE 5.—*Death of a Boy 14 years of age. Second Administration. Mental Depression.* Reported by Dr. A. T. Davis, of Wilmington, O.

"Chas. Pendry, a healthy industrious boy, had his thigh fractured Dec. 23d, 1869. Was suffering great pain when I saw him two hours after the accident; gave him chloroform while examining and dressing the fracture. On the 9th of April following, while loading a sled he fell with some heavy boards across the lame thigh, and refractured it at the same point. When I saw him two hours after, he was very despondent and said he should die, but in all respects appeared to be in good condition. He would not, as when first injured, permit me to touch him without chloroform. I gave it; he speedily came under its influence, I examined the fracture and left his bedside to prepare bandages. He slept about 15 minutes and woke in great pain, and remained awake about 20 minutes. I then examined his pulse and appearance, all seemed right. I again applied the chloroform, and in two or three minutes as he began to pass under its influence, I handed the towel to an assistant; just as I did this I put my fingers on the wrist and found no pulsation; the chloroform was immediately withdrawn, but the heart remained still. The breathing during the administration of the chloroform was a little stertorous, but only such as is often seen in anæsthesia. He breathed ten or twelve times after the arrest of the heart's action. Insufflation and all other means of resuscitation at command, were used, but without effect. The quantity of chloroform used did not exceed  $2\frac{1}{2}$  drachms."

The death in this case was evidently by the heart, the mental depression as he was anxious to have the chloroform could not have had much, if anything, to do with the fatal result. In the absence of *post-mortem* revelation it must be mere conjecture whether death in this case was by sudden and continued contraction, or by paralysis of the heart.

CASE 6.—*Death of a robust man after Complete Anæsthesia had passed sufficiently for him to answer a question.* Surgical Clinic of Dr. Thos. Wood, Commercial Hospital, 1865. Reported by Dr. Chas. O. Wright.

"The patient upon whom Dr. Wood operated for fistula in ano, was a man of plethoric habit and aside from the fistula, was in apparent good health. It was with some difficulty that we could bring him under the influence of the chloroform. For at least *one minute* before the completion of the operation I had ceased the administration. After the Doctor had finished the operation and

was about washing his hands, the patient having answered one or two interrogatories, and the order had been given to remove him from the amphitheater, he was seen to gasp. Dr. Wood immediately seized the tongue, drew it forward, and the patient breathed. Dr. Wood turned to the class and was explaining to them the condition of things, when, turning round and noticing the patient again gasping, he again seized the tongue, artificial respiration was established; but in vain, he never breathed afterward. At least *three* minutes elapsed from the time we ceased administering the chloroform before unfavorable symptoms were observed.

*Post-mortem.*—Rigidity well marked; saggillation lighter color than usual; scalp full of dark and thin blood; dura mater engorged, serum beneath arachnoid, coagulated lymph upon both surfaces of the membranes; fine threads of lymph passed from the lateral and under surfaces of the medulla oblongata to the cerebellum; in the lateral ventricles a small quantity of serum tinged with blood; the choroid plexus pink and adherent to the thalami optici; the veins on floor of ventricles distended; threads of lymph passed from floor to roof of lateral ventricles; velum interpositum covered with firmly adherent lymph; puncta vasculola in right cerebral hemisphere more numerous than usual; surface of medulla oblongata much congested. Considerable fat on external surface of pericardium, on its inner surface about the roots of the great vessel were numerous small deposits of soft coagulated lymph. Heart had about the usual amount of fat on its surface, walls normal, cavities empty; valves healthy. The right pleural surfaces adherent over the greater part of their extent and the lobes united by false membrane; the lobes of left lung united, but pleural surfaces free; epiglottis and mucus membrane of larynx were dusky, but little fluid in the bronchia; entire upper lobes of both lungs dark colored and gorged with blood; the same condition existed in the lower posterior portions; the anterior portions were emphysematous. The blood in all parts very thin, dark, and no coagula."

*CASE 7.—Death of a Lady—Retching and Vomiting commencing with the administration of Chloroform, were arrested during complete Anæsthesia, began as soon as the patient was aroused, and continued for six days. Reported by Dr. Thos. Wood.*

"Mrs E., about 26 years of age, had received laceration of the perinæum in child-birth about four years previous to my attendance on her. The laceration extended back so as to impair, but not entirely destroy the integrity of the sphincter ani, but the control of the sphincter vagina was so much impaired as to allow a descent of the folds of the vagina and bladder, and a dropping of the uterus below its natural position. From this unnatural state of things, she became nervous and debilitated, and was the victim of constant pelvic distress. For her relief I performed the



usual operation, pairing off the cicatrized surfaces and drawing them together by silver sutures. I operated on the 10th of March, 1870, and six days after she died. The chloroform was administered by Dr. Charles Woodward. *The first inhalation produced retching, followed by vomiting before insensibility was produced.* The operation lasted about half an hour. As soon as she became sensible, the vomiting was immediately resumed and continued, when there was anything in her stomach to eject, until her death. When her stomach was empty she was either retching or making an effort to resist it. In twenty-four hours she became delirious and tremulous, the pupils dilated, the capillary circulation deficient, the surface livid."

Here we see a new manifestation of chloroform, a pernicious influence on the stomach producing persistent, uncontrollable and fatal vomiting. In all the cases published I have discovered none like this. The poisonous effect of the chloroform seems to have spent itself on the gastric branches of the par vagum.

CASE 8.—*Death of a Man having Delirium Tremens and Fracture of the Humerus.* Commercial Hospital Service of Dr. George C. Blackman.

"The patient was a man aged about 30, of good muscle. He came into the hospital with a fractured humerus and was seized with delirium tremens. So violent was he that it was necessary to give him chloroform to dress the broken arm. He died during the dressing."

This case illustrates the peril of administering chloroform to inebriates.

CASE 9.—*Death of a Young Man three quarters of an hour after the Administration of Chloroform had been suspended.* Commercial Hospital, 1857. Service of Dr. Geo. C. Blackman. Reported by N. J. Sawyer, M. D.

"The patient was a young man about 18 years of age, anemic, very much emaciated with a pale, bloodless countenance, feeble pulse and extreme general debility. On the front aspect of the right thigh, and over the track of the femoral artery, was a swelling of considerable extent, and about which there was a difference of opinion among those who examined it, as to whether it was an abscess or an aneurism. Dr. Blackman, the attending surgeon, came to the conclusion that the tumor contained pus only, and having decided on this after making his usual morning visit, he returned to the hospital in the afternoon to perform the required operation. I being on duty in the surgical wards at the time, he requested me to give the chloroform, and stood by while it was being administered. Dr. Blackman, myself and two nurses



were the only persons present. The patient lay on his bed, with the head and shoulders slightly elevated, and was soon under the influence of the anæsthetic without having manifested the least symptom contra-indicating its use. There was no vomiting either during, or after, its administration. The patient simply went quietly asleep. Dr. Blackman made an incision toward the outer edge of the sac, and went down to the bone; but no pus making its appearance, he declined using further efforts to find it. The patient fully revived, as we supposed, from the effects of the chloroform, and talked in his usual manner, giving directions about the bandages, the position of the limb, etc.

"The administration of the chloroform, the operation, the revival of the patient to his ordinary condition and the complete possession of his faculties, occupied about twenty minutes. I remained until there seemed no further need of my presence, but happening to look back as I passed out of the door, I saw the patient had raised himself to a sitting posture in the bed. Supposing he would lie down again in a moment, I gave the circumstance no attention. In about three-quarters of an hour after leaving the ward, a nurse summoned me in haste, saying 'Run up, quick, that man is dying!' As I reached the patient's bed-side he gave but one gasp, and was dead. The ordinary means for resuscitation were applied when it was too late, and, of course, in vain.

"The *post-mortem* revealed the fact that the swelling was an abscess, containing about a quart of pus, and that the incision had missed the sac about a quarter of an inch.

"Dr. L. M. Lawson examined the abdominal and thoracic viscera, and the brain. The appearances presented were such as might be expected in an extreme case of anæmia. The right cavities of the heart, however, were found to contain such a quantity of coagulated fibrin that Dr. Lawson remarked it was a wonder the organ could have performed its functions at all; and the conclusion arrived at was, that extreme depression following from the over-excitement produced by the chloroform, super-added to the impediment to the pulmonary circulation, and to the action of the heart from the deposition of fibrin in its right cavities, had caused the death of the patient."

We can hardly convict chloroform of the death in this case. The boy recovered so as to raise up in bed. It was in this erect position that the syncope occurred which destroyed him. The clots here, too, are unusual. In the large majority of cases the blood is found in a fluid condition.

CASE 10.—*Death of a Soldier to whom Chloroform was given for an operation for Fistula in Ano.* General Army Hospital, Nashville, Tenn. Reported by F. Seymour, M. D.

"A. B., about 30 years of age, a soldier, had fistula in ano, and,

although the operation was a trifling one, yet he insisted on an anæsthetic. He was taken into the operating room, and placed upon the table. A full supply of air was circulating, the windows and doors being open. Dr. J. R. Weist, of Richmond, Ia., administered the chloroform; it was done with skill and care. After a few deep inspirations, he commenced struggling, and his features becoming somewhat livid, the chloroform was suspended. In a few seconds the chloroform was again administered, and he seemed to pass under its influence kindly. Just then my attention was called from him for a moment, when, hearing an exclamation, I turned around, and his breathing had ceased. The mouth was forced open, the tongue seized and drawn forward, water was dashed in his face; Marshall Hall's ready method was immediately resorted to, and mechanical inspiratory movements were induced quickly; but all efforts combined for nearly an hour were unsuccessful. No *post-mortem*. The heart and lungs were carefully examined, and found healthy before the use of the anæsthetic."

The folly of the dogma that *whenever an operation is justifiable, chloroform is justifiable*, or, as Syme puts it, *a case for operation is a case for chloroform*, is peculiarly illustrated in this instance. The operation for fistula in ano is one of the most painless. No person should be subjected to the dangers of chloroform for a cutting so insignificant, and particularly in view of the fact that most deaths, so far, have attended trivial operations. This case was not reported to the Surgeon-General's office.

CASE 11. *Death of a Lady placed under Chloroform for the Extraction of Teeth; position recumbent; had taken Chloroform before.*  
Reported by Dr. D. C. Rathburn, Middleport, O.

Mrs. Black died in 1865. She was a person of nervous temperament, delicate health, but of no organic disease. Before taking chloroform she seemed agitated, pulse about 100. She had taken chloroform once before for dental purposes. Her position was recumbent, before a large open window. The chloroform was administered by folding a handkerchief in the form of a cone, and, saturating the apex, applied it to one nostril only. The amount used was about three drachms and a half. She never lost consciousness, but would indicate by a wave of the hand that she was ready. This she did until the last of three fangs had been removed, when, as quick as thought, a deathly pallor came over her countenance, indicating syncope or death. I immediately applied my ear over the heart; it was still. She had died without a struggle. No time was lost in drawing out the tongue, and in inflating the lungs by the application of my mouth to hers, compressing the chest after each inflation. Artificial respiration was thus kept up for one hour."

This would seem to be another death from partial anæsthesia.

CASE 12.—*Death of a Man having Paralysis; had taken Chloroform frequently.* Good Samaritan Hospital. Reported by Dr. De-Courey.

“Geo. Davis, colored, aged 29. Admitted with complete paralysis of upper and lower extremities, resulting from an injury, May 5, 1869. It was necessary to put him under chloroform each time his bed was changed, owing to enormous bed sores. He bore chloroform well, and had taken it quite a number of times, but on September 29, 1869, while that agent was being carefully administered to him, as usual, by one of the resident physicians, his pulse and respiration suddenly ceased. The chloroform had been gradually administered to him less than two minutes, on that occasion. Every effort at resuscitation failed.”

CAUSE OF DEATH.—*The heart* is the organ most frequently smitten in death by anæsthetics. This is certainly true of chloroform, whose career has been more carefully studied than that of any other agent of this class. In most of the cases reported it will be found that the failure of the pulse was followed by failure of the lungs. In the majority of cases the heart is paralyzed; in many, and such a one is Case 1st, the chloroform stimulates the heart to a positive, unrelenting, fatal contraction; in others the organ is broken in force and deprived of the ability to contract by the rush of blood upon it from the lungs. “Twenty years ago,” says Richardson, “it was assumed that in nearly every fatal case death was owing to cessation of the heart, and we are indebted to Dr. Sibson for a very acute and admirable suggestion explaining the cause of the suddenness of the death. The heart, said he in effect, for I forget his exact words, first feeds itself with blood by its coronary system of vessels. It receives, therefore, into itself the first impression of every stroke of itself. If the blood with which it is fed is normal, it is first fed by it; if the blood is abnormal it is first injured by it; and so when the blood of the left side is charged with chloroform the heart is the organ primarily influenced by the agent.”

*The lungs*, next in frequency, are the organs fatally impressed. The chloroform coming in contact with the pulmonary branches of the pneumogastric, paralyzes them, respiration ceases, while the heart continues, for a limited time, its action. The second case reported illustrates the toxic influence of chloroform upon the lungs.



*The stomach*, in Dr. Wood's case (Case 7 of this collection), was primarily and fatally affected by the chloroform. The first inhalation stimulated the gastric branches of the par vagum; the anæsthesia, which lasted half an hour, so disordered them that vomiting and retching ceased only with the life of the patient on the sixth day.

*The tongue*, formerly more frequently than now, by falling back caused death by mere mechanical obstruction. It belongs to voluntary life, and when the anæsthesia becomes profound the muscles of which it is composed, and which give it form and hold it in position, are relaxed; it falls into the isthmus, closes the air passages; apnœa is the result. The recumbent position favors danger from the falling tongue.

*The brain* is occasionally overcome by the toxic influence of chloroform. The chloroform narcosis is prolonged, pushed too far (but who can give us the limit), and the patient dies in a comatose state.

THE MANNER OF DEATH.—This may be *sudden*, *gradual* or *secondary*. Most deaths, as will be observed by an examination of all records, were sudden—in a moment the patient died. Bridget Henry had a fair pulse and regular respiration up to the very instant when both ceased. In a few cases the death was *gradual*, the fatal result seems to have been delayed, the heart and lungs showed feebleness of action, then were arrested; in a moment respiration and pulsation were resumed, but only to be followed by cessation, and thus arrest and resumption of these vital functions alternated, sometimes for minutes, sometimes for hours, before the death of the patient. Dr. Wood's case peculiarly illustrates *secondary* death from chloroform. Aroused from the complete anæsthesia the patient at once resumed the vomiting which had been inaugurated by the first inhalation of the vapor, and which terminated her life on the sixth day.

WHAT CAN BE DONE TO PREVENT THESE ANÆSTHETIC DEATHS?—The first question which presents itself under this head, is, *What cases should be excluded*—shut out from the use of chloroform? Dr. Richardson places himself thus: "I believe I know of one condition of body which may be diagnosed as specially dangerous for chloroform, and there my knowledge is brought to an end. This unfavorable condition is present when careful diagnosis shows the



existence of a *weakened and dilated right side of the heart*, with enlarged hemorrhoidal veins, varicose veins of the lower extremities, and large, full, yet not tense veins in the lower part of the body. In the body, thus circumstanced, we may be certain that the right side of the heart, which is the most important organ to be sustained in action under chloroform, is already half dead, and will readily succumb if subjected to further injury. \* \* \* If I have one further misgiving, in respect to dangerous cases, it relates to cases of kidney disease with albumen in the urine, and disposition to uremic sleep. Here, however, the misgiving is based on theoretical reasoning alone, and is greatly negated by the knowledge we have acquired from practical observation."

From the fact that so many chloroform *post-mortems* have revealed *fatty degeneration of the muscular structure of the heart*, almost all writers exclude persons with this affection; but who can diagnose a fatty heart? *Writers* exclude these cases, but *practitioners* give them chloroform, nevertheless. We can only suspect fatty degeneration of the heart; we can not definitely diagnose it. Da Costa says, "There is as yet no sign discovered by which we can say that the dangerous disorganization of the muscular fibers of the heart is in progress. We may, however, suspect it, if the signs of weak action of the heart, feeble impulse, and ill-defined sounds, coexist with a pulse permanently slow or permanently frequent and irregular, and be met with in a person who is the subject of a wasting disease, or who has arrived at a time of life at which all the organs are prone to undergo decay." Bridget Henry had a malignant disease of the foot—it was local—painful, but had not wasted her. She was plump; had fat in abundance. She had a regular pulse of fair force and volume, and a cardiac impulse normal, and yet the *post-mortem* showed what had not been even suspected, much less diagnosed, a fatty heart.

Arthur Ernest Sansom, M. D., in his valuable work on Chloroform, its Action and Administration, thus writes: "The general lesson inculcated, would seem to be this: that in cases of marked fatty degeneration of the heart, chloroform should not be administered; that in cases wherein a debility of the heart is suspected, unusual care should be exercised to administer a free dilution, so that the heart should not be paralyzed by the sudden shock of an influence which it can not withstand. \* \* \* \* What are the principles of diagnosis? Of the first class, viz: fatty degeneration,

the following are the most important points: The previous history of tendency to faintings, the occurrence of occasional dyspnœa from congestion of the lungs; the indication of atheroma of the arteries; feebleness, and especially intermission of the pulse; the impulse of the heart, found on stethoscopic examination, to be feeble in proportion to its size; the countenance showing a certain yellowness of hue, and a congested state of the capillary vessels of the cheeks; the occurrence of *arcus senilis*. If the occurrence of these signs should give rise to the diagnosis that there is a fatty degeneration of the heart, we are not justified in giving chloroform."

Bridget Henry had had no "faintings," no "dyspnœa from congestion of lungs," no "indication of atheroma of the arteries," no "feebleness, and especially intermission of pulse." The impulse of the heart was not found "feeble in proportion to its size;" the countenance did not show a "yellowness of hue, and a congested state of the capillaries of the cheeks;" nor was there "*arcus senilis*." And yet, as we have seen, hers was a well developed case of fatty degeneration of the heart.

Equally unanimous are writers and observers on excluding from chloroform *hard drinkers* and persons laboring under *delirium tremens*. One of Dr. Blackman's cases (Case 8), and Dr. Ashton's case (Case 2), belong to the class in which the risks are great. Bridget Henry's ante-hospital history, which I have but recently learned from Dr. Maley, who was her family physician for eight years, and who has informed me that she was an unusually hard drinker, and had had *delirium tremens* six times, would have excluded her, if this rule is made positive, although it must be remembered that from the time she entered the hospital, July 7th, until the day of her death, October 13th, she did not drink anything, and during this period her health was fair. She suffered only from the painful condition of her foot.

Dr. Sansom noticed in these cases "a great primary resistance, prolonged muscular agitation, hyperæsthesia rather than anæsthesia, violent endeavors to assume the erect posture, and, after a considerable time, sudden change to deep insensibility, clammy perspiration, complete relaxation, snoring respiration, and feeble pulse."

In Dr. Ashton's case, and in that of Bridget Henry, there was no resistance, but neither were suffering from recent alcoholism—long intemperance had damaged the heart in both cases—and in

both death was sudden, by the heart, rather than by a toxic effect upon the nerve centers, the direction from which death often comes to the intemperate.

Prof. Gosselin, in discussing the contra-indications to the use of chloroform, cites *nervous shock after severe injuries*; he would rule out these cases. Now, it is an undoubted fact, in the face of all that is said of the depressing, paralyzing effect of chloroform upon the heart, that it *does often increase* cardiac action. I witnessed this recently in the Cincinnati Hospital. A little boy was brought in with the arm crushed to the shoulder: amputation at the joint was necessary. He was fearfully mangled and greatly prostrated, but under the influence of chloroform his pulse increased in force and frequency. Dr. Stewart, at the Academy of Medicine, reported a similar case where the action of the chloroform was that of a decided cardiac stimulant. The experience of giving chloroform in the cold stage of intermittents looks in the same direction; here is a shock, a collapse to a degree—the heart is oppressed, its action imperfect, chloroform acts as a stimulant, the shock is broken and the chill is of short duration. Prof. C. G. Comegys, in the *Western Journal of Medicine*, 1868, gave his experience with chloroform in intermittents. He treated one hundred cases in the Cincinnati Hospital, giving chloroform on the supervention of the chill; “and,” says he, “in every case complete relief is obtained in from three to five minutes.” “In the condition of shock, or of great depression, as after hemorrhage, the careful administration of anæsthetics diminishes the risk of an operation.” (Report to Royal Medical and Chirurgical Society.)

*Persons in great fear and dread of an operation*, although they can not be excluded, should have anæsthetics exhibited to them with great caution and care. Bridget Henry belonged to this class. The position of the physician under such circumstances is embarrassing in the extreme. An operation is essential to the preservation of life, and yet his patient is nervous, and what is worse, has a fear of and an aversion to that operation. The non-professional can not appreciate this situation.

The conclusion of the whole matter in regard to exclusion, is, that *we can only decline persons with a dilated right heart and those laboring under delirium tremens*. To these Richardson is disposed to add those persons who are disposed to uremic sleep.

We may do much in securing safety, by attention to the proper position of the patient, the condition of the stomach,



the temperature of the room, the appliance for and the manner of administering the vapor.

When we reflect that the large majority of persons die of syncope, there should be no question about the recumbent position being the most safe for the administration of anæsthetics. Sansom says: "The rule should be, let the patient observe the recumbent posture, unless the exigencies of the operation point otherwise. The tendency to syncope is greater in the erect and setting position than it is when the body is horizontal. The pulse in the latter condition is more slow and quiet; thus, though it may be seventy in the former position, it will frequently sink to sixty-five or even sixty, in the latter. The reason, therefore, that the recumbent position is to be preferred is, that the circulation is more steady and the tendency to faintness is less." Richardson says: "The sitting position is certainly unfavorable for the heart, and the perfectly recumbent position is unfavorable in many ways. It interferes with free respiratory power, it allows fluids accumulated in the mouth to fall back to the throat, it allows the tongue to fall back, and when vomiting happens to come on it enforces the necessity for raising the body. For all these reasons the semi-recumbent position is the best, as it is the most convenient. To this recommendation as to the position, it is essential to add another, viz: to keep the body from the beginning to the end of the administration in the same position, without any upward or downward movement."

This recommendation by Dr. Richardson, of the semi-recumbent position is certainly erroneous in principle. It is not an easy position, it is a restrained one and does not favor the free use of the lungs as well as the recumbent, nor is it so convenient to the administrator or to the operator. The recumbent should never be abandoned for any other position, except when, as Sansom says, the exigencies of the operation point otherwise.

Upon the question of *position* the case reported by Prof. M. B. Wright, at the Academy of Medicine, during the present session, is peculiarly striking. That lady had taken chloroform, since its introduction, in all her labors and they have been many. She was the second female in Cincinnati who took it in parturition. She commences its use always on the first appearance of pain, and often before Prof. Wright's arrival she is fairly under its influence. In labor it has always acted admirably, producing no unpleasant symptoms of any kind, but on several occasions, when she inhaled



it in a dentist's office for the extraction of teeth, the symptoms were of the *most alarming character*.

Chloroform should not be given while a meal is undergoing digestion; the stomach should be free from food, and if vomiting occurs it should rather be encouraged than restrained; from *three to four hours* should elapse after a meal before the anæsthetic is given.

*Should spirits be given before the administration of chloroform?* The practice of physicians varies very much on this point. Some give it, others do not; my own impression is, that it should never be omitted; it encourages the strong, and strengthens the weak.

On the means of counteracting the toxic effect of chloroform and ether, Dr. Sansom (*Medical Times and Gazette*, April 28, 1870), suggests that *when one agent seems to be depressing the patient, another should be substituted*. Unfortunately, however, most of these persons die without giving any sign of depression; the heart or lungs, or both are suddenly smitten while respiration is regular, and the pulse shows fair force and volume; there is no time to displace one anæsthetic, which is acting badly, for another which may act kindly. The most rational course, when depressing effects are noticed, would be to withhold entirely, on that occasion, at that particular time, anæsthetics, and allow the patient to recover completely from all effects of the drug; then the substitution of one for another might be made.

Dr. Sansom also speaks highly of Claude Bernard's recommendation to give a *subcutaneous injection of morphia in persons of feeble heart, and in those given to habitual intemperance*, but in this connection we must remember that this use of morphia is not entirely benign. Dr. Alonzo Clark reported a death, a few years ago, from a subcutaneous administration of morphia, and I am aware of another death from the same cause. It occurred in this State recently. The subject was addicted to drinking, and the morphia was used while he was in a debauch. Claude Bernard thus recommends, for the correction of the dangers of one agent, another agent equally potent for evil.

MODE OF ADMINISTRATION.—Appliances for the administration of chloroform range from Morton's Inhaler, by which chloroform alone was admitted to the lungs, to Snow's apparatus, with which the patient receives but 4 per cent. of the anæsthetic. Just here, before discussing the various modes of administration, I may

make the remark that, although for the last few years the tendency has been to great dilution of the vapor by the means of apparatus, as essential to safety, yet the deaths seem to have been on the increase, and I doubt whether there is a lvanantage in any of these appliances. It appears folly to talk about the positive safety of dilution when a vapor of from 3 to 4 per cent. kills, and kills in the same manner that chloroform pure, unmixed with air, does. Mrs. Simmons, the second victim of chloroform (Cincinnati, February 23, 1848), who inhaled pure chloroform from Morton's Inhaler, seems to have died in precisely the same way as did those who have perished under Snow's apparatus.

*Snow's Apparatus.*—"The essentials are a metallic vessel in which chloroform is contained, and through which air passes, thus carrying the chloroform-vapor along with it; a tube which conveys a mixture of chloroform and air to the face-piece, and a flexible mask, fitting over both nose and mouth." From 3 to 5 per cent. of chloroform is mixed with the inspired air. The inventor of this instrument contended that it rendered chloroform perfectly safe, and although never meeting with a fatal case, he had some narrow escapes, his patients being in very great danger. Other gentlemen of equal skill, however, were not so fortunate in the use of his apparatus; they lost cases, although following "the method and practice of Snow."

*Clover's Apparatus.*—"Is a bag for containing the anæsthetic mixture; secondly, an arrangement for filling the bag with a certain proportion of chloroform and air." This is an expensive apparatus; it is large, unwieldy, and requires time to manufacture the anæsthetic atmosphere. It certainly will never come into general use.

*Sansom's Inhaler.*—"The receptacle for the chloroform is a small metallic cylinder; its height about three inches, its diameter about an inch and a half. It is filled with blotting paper, loosely crumpled, or, what is better, a rolled piece of lint; at the top it is provided with a freely perforated plate, for the admission of air, and for the introduction of liquid chloroform. An exit tube passes at right angles from this receptacle, it being attached a little above the center, so that a cup may be kept for the retention of any liquid chloroform which may be more than sufficient to moisten the blotting paper or lint. Thus arranged, a direct current of air in inspiration passes through the apertures over the chloroform,

and of course carries the vapor along with it." "Simplicity, compactness, and portability," characterize this instrument.

*Sir James Y. Simpson's Method.*—This may be given in his own words, taken from the history of his first fatal case: "I chloroformed the patient. In doing so, I placed a single layer of towel over the nose and mouth, leaving the eyes exposed, and dropped the chloroform upon the towel." Sir James, "from first to last, reasoned against complicated methods of administration."

*Cincinnati Hospital Method.*—This resembles the simple plan of Sir James Simpson. A piece of old muslin, about six inches square, is placed over the nose and mouth, and the chloroform dropped upon it. This insures a free admixture of air—through the interstices of the muslin and beneath it, for it is held a short distance from the face.

*U. S. Army Method.*—Upon a folded towel, from a towel fashioned in the shape of a funnel, or from a single layer of lint. Out of 80,000 administrations, but eight deaths are reported.

*Skinner's Inhaler.*—Skinner, of Liverpool, has the best and most simple apparatus. It is a piece of flannel stretched over a wire frame in the shape of a shallow ladle; the concavity is held over the nose and mouth while the chloroform is dropped upon the convex surface.

*Anæsthesia should be produced slowly.*—All observers agree upon this, no difference what method of administration is adopted.

*How far may chloroform narcosis be carried?*—This is a difficult question to answer, as some die in an instant, with almost the first inspiration, while others sleep under it for hours and awake refreshed. Dr. Reeve criticises severely the administration of chloroform in Dr. Krause's case (Cincinnati, 1860)—the length of the anæsthesia, *half an hour*, and the quantity used, *one and a half ounces*. He says, "The operator in this case has followed his patient to 'that undiscovered country' some years ago; the cause of science need not, therefore, suffer on account of sparing the feelings of parties interested. That death should follow such a use of chloroform as here detailed can not be surprising. Were there no facts to sustain the proposition, that there is danger in a too prolonged administration of the remedy, reason would surely indicate it. The analogy between the action of anæsthetics and alcohol is very striking, and if a man sit and tippie wine or spirits all night long it would not surely be surprising, that when thus



charged with intoxicating fluids, a small additional draught should send him promptly under the table into a fit of prolonged stupor; just so with chloroform; if the tissues have become permeated and soaked, as it were, with the potent remedy, what more could be expected than dangerous symptoms from a sudden, although very slight increase of the dose."

This criticism is not only too severe, but I think it is hardly just. The anæsthesia was partial for 25 of the 30 minutes employed, for Dr. Krause says, "I finally proceeded with the operation after having three or four times desisted from it on account of the patient's restlessness whenever the lid holders were applied." Here is indubitable evidence that the chloroform was not pushed rapidly—that it *was given slowly*—but it may be said that it was given too slowly, but how often do we see patients resist chloroform for ten, fifteen or twenty minutes. Dr. Krause's patient resisted it for twenty-five minutes. He was only in a *profound sleep* 5 minutes when dangerous symptoms arose. In regard to the quantity used, it is a well known fact that when chloroform is poured upon a folded towel, three-fourths of it is lost in the tissues of the cloth. One and a half ounces under such circumstances was not an intemperate use of the agent. If this was too prolonged an administration of chloroform, what will Dr. Reeve say of those parturition cases where the remedy is given for hours? A physician tells me that he kept his wife under it for 18 *hours*. Dr. Stewart kept up positive anæsthesia 12 *hours* in Mrs. Garriſ, who, as we have seen, afterward died before she had taken enough to render her insensible. Who has not seen profound insensibility maintained *for two hours and more* in difficult and prolonged operations?

It is difficult to get rid of the idea that there is an idiosyncrasy, that there are some persons and some conditions of the system inimical to anæsthetics; who those persons are, or what those conditions are, can not be determined in the present state of our knowledge. Sansom "eliminates" some "of the elements of the so-called idiosyncrasy inimical to chloroform," yet the fact still remains that healthy and comparatively healthy persons die, and die under the most careful and skillful administration.

MEANS OF RESUSCITATION.—*Artificial respiration is the only reliable means of resuscitation.* Stimulants to the nose, cold water dashed in the face, flagellation, stimulants per anum, etc., may be



of some avail in persons who show dangerous symptoms while the anæsthesia is yet partial, but when life is suspended, or about to be suspended in complete anæsthesia, a resort to them is even worse than useless. When the knife is unfelt, or the actual cautery sears its way unheeded, what impression can such agents make?

The following taken from "The report of the Committee appointed by the Royal Medical and Chirurgical Society to inquire into the uses and the physiological, therapeutical and toxical effects of chloroform, as well as the best mode of administering it, and of obviating any ill consequences resulting from its administration," is conclusive:

"Of the different means available for restoring animation (experiments on animals), suspended under the influence of anæsthetics, there was but little difficulty in distinguishing artificial respiration as both the most efficacious and the most easily applied.       \*       \*       \*       \*       \*       \*"

"The action of electro-galvanism and electro-magnetism is very decided, and many recoveries were effected with them in circumstances as unfavorable as those in which artificial respiration proved successful. In aid of that most valuable operation, either of them may doubtless be of service; but the habitual resort to them in desperate cases would too often involve a fatal loss of time.

"In several instances in which a needle inserted in the heart had ceased to indicate any movement of that organ, the application of an interrupted and weak current of electro-magnetism or electro-galvanism to the needle restored the cardiac pulsations; and in some cases, even without the aid of any other artificial means, the animals recovered. The Committee, nevertheless, can not but regard these restoratives agencies as practically of secondary importance, both because the requisite apparatus for employing them can rarely be at hand, and, still more, because the results of their application are neither so regular nor so certain as that of artificial respiration."

Ante-dating these experiments of the Royal Society with the electro-magnetic current, are those made by Dr. H. Culbertson with the same agent. (Prize Essay Ohio State Medical Society, 1862.) Dr. Culbertson succeeded in restoring a pig after the heart had ceased to beat by applying insulated pins to the diaphragm on opposite sides.

Positively contradictory to the results attained by the Royal Society's Committee and by Dr. Culbertson is the statement,

founded on experiments also, of M. M. Onimus and Legros. (Journal of Anatomy and Physiology, 1868.) These gentlemen say: "Interrupted currents of electricity should not be used, as they diminish and even stop the respiration and cardiac movements."

In the presence of authority so respectable and competent, and so contradictory, the comparative value of constant and interrupted currents, must remain for the present a question *sub judice*.

*Warmth and friction* are important adjuncts to the means of resuscitation. Dr. Sansom says: "The next desideratum is warmth. In the case of persons apparently dead from drowning (cases which have much in common with those of threatened death from chloroform), Dr. Christian has stated that warmth is an immediate and powerful excitant, and that frequently those in whom respiration had ceased, on being put into a warm bath, gave signs of return of breathing. In one most remarkable case warmth and friction, persevered in for eight and a half hours, restored life." "It ought certainly to be borne in mind that the practice of the Royal Humane Society, whose rules may be summed up in one word—warmth—has been eminently successful."

In conclusion, I introduce another quotation from the Report of the Committee of the Royal Society on the time for and the manner of employing artificial respiration.

"It is of the most pressing importance that *artificial respiration should be commenced the moment* alarming symptoms exhibit themselves. The delay, even of a few seconds, will doubtless, in some cases, destroy the only chance of life. Artificial respiration should be practiced in the manner known as Dr. Sylvester's method, and as recommended by the Committee on Suspended Animation. Those who are conversant with the use of the bellows adopted to artificial respiration by Dr. Marcet, may effect a yet more perfect and deep artificial breathing; since by means of it a much larger quantity of air may be made to enter and leave the lungs, and one chief object, that of eliminating the chloroform may be speedily accomplished.

For the same reason, mouth to mouth insufflation is a most valuable method of resuscitation. By it several good recoveries have been effected, a large quantity of nearly pure air being blown into the chest at each insufflation. In all cases in which it is employed the nostrils should be closed, and the larynx should be pressed against the spine to prevent the escape of air down the œsophagus."

*Art. II.—Modification of Amputation below the Knee.*

By F. S.

I wish to bring to the notice of the profession, for their acceptance, a mode of amputation below the knee, which I think is a great improvement on the common flap method, and better than the rectangular or circular method. It is a combination of the flap, and circular, and, if the operator pleases, also the rectangular. It does away with the unseemly large flabby posterior flap, and also the necessity of that butchering, unsurgeon-like process, viz: "Trimming off the flap." To shorten the matter, I will now describe it. When the operator is ready, an assistant merely steadies the heel of the limb to be operated on, allowing the whole weight of the leg to bear upon the palm of the operator's left hand, which will flatten the calf of the leg. A catling is then introduced about one-half or three-quarters of an inch from the inferior surface of the calf, and is carried rapidly down toward the foot in a straight line, or parallel with the under-surface of the fore-leg, until a sufficient length of flap has been cut, the edge of the knife is then turned down, and is made to cut itself out.

When the flap is cut, the assistant at once bears the weight of the leg, and the left hand of the operator is withdrawn, and the flap allowed to fall. The operator then placing his left hand on the upper part of the leg to steady it, performs a circular incision, sweeping with his knife through all the muscular tissues to the bones by a circular, firm sweep of the catling. The small anterior or superior incision can now be made either convex downward, as in the old style, or convex upward, or rectangular; the catling is then passed between the bones, and the tibia sawn from the superior surface half way through the bone, at an angle of  $45^{\circ}$ ; the saw is then directed perpendicularly downward, and laterally (to the bones), and both bones divided. The arteries tied and the flap adjusted by sutures and strapping. I have done this operation several times, and with the most pleasing result, of a fine stump, union by the first indention along almost the entire line of flap coaptation, and no subsequent trouble. I am sure that any surgeon performing the before-described operation will never do any subsequent amputation of the fore-leg in any other



way. If the surgeon thinks it necessary he can make an incision through the center of the flap, for drainage, before adjusting it.

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*Art. III.—Compound Fracture of the Cranium—Depression—Fungus Cerebri—Recovery.*

Reported by D. N. KINSMAN, M. D., Lancaster, Ohio.

August 2, 1870, was called by Dr. M. Effinger to see W. J., a lad of 12 years, who had been kicked by a horse. We found him unconscious, pupils dilated, surface cool, pulse 58, breathing slow. There was a fracture extending from the right inferior angle of the os frontis, rising obliquely across the frontal protuberance. The bone was depressed along the line of fracture a full half inch, and was fractured to the extent of four and one-half inches. We elevated the bone along the line of fracture, and from the external angle of the frontal bone, removed a piece which was broken off, one inch in length and nearly three-fourths of an inch in breadth. The head was elevated and the wound closed, with straps and water dressings applied. After the operation was completed, the pupils contracted on exposure to light; pulse 72; breathing natural. There was, however, no consciousness, and he remained in this condition fifteen days, when he rather suddenly recovered his senses, and with them the memory of many things which occurred while we deemed him profoundly unconscious.

Aug. 5. He swallowed readily everything given him. Pulse 75; bowels have acted well. Soups and milk diet, cold to the head, and compresses wet in a solution of carbolic acid in linseed oil.

Aug. 9. There is some puffiness around the wound, and, on removing the dressing, found fungus cerebri sprouting from the opening in cranium. Pressure was applied by means of charpie.

Aug. 10. Erysipelas has appeared on the left cheek; it went on extending till it appeared on right cheek, but never extended to the wound.

Aug. 12. We removed the fungus, pressure having proved unavailing, and inserted a piece of sheet lead to repress the growth.

Aug. 17. The tumor has again attained the size of a small hen's egg, displacing the lead and forcing the wound open. The patient to-day recovered consciousness.

Aug. 23. The patient was anæsthezied, and the tumor again removed. It was found composed of a reddish matter, with portions of white matter in lamina. We regret that we made no microscopic examination of the portion removed.

We dressed the bottom of the wound with charpie saturated with lig. fer. persueph., and applied pressure by means of straps and a compress.

Aug. 25. The tumor is still growing. We applied powdered tannin and dressed as before.

Aug. 29. Same dressing as before.

Sept. 2. Tumor is harder; pulsation has disappeared; pulse of patient, 84; appetite first-rate; condition good.

Sept. 4. Condition in all respects about the same; tumor seems smaller and harder; dressed as before.

Sept. 5. Fungus has enlarged greatly. To-day, applied dry sponge, as suggested by Dr. Dudley, in the *Medical Recorder*, vol. XV., 1828.

Sept. 7. The sponge has, without any inconvenience to the patient, reduced the fungus very perceptibly; pulse 84; general condition is very good.

Sept. 9. Reapplied dry sponge; good effects still very manifest.

Sept. 11 and 13. Dressings removed and reapplied.

Sept. 15. Fungus reduced at right-hand angle of wound to level with the cranium; removed spicule of bone, and reapplied dressings.

Sept. 17. Removed large pieces of exfoliated bone, the entire length of fracture; reapplied sponge dressing. Boy to-day has ridden into town on horseback.

Sept. 19. Removed more exfoliated bone; dressed as before.

Sept. 20. Fungus disappeared; no more bone exfoliated; ceased sponge dressing; used simple cerate.

Oct. 5. Wound nearly healed.

Oct. 24. The patient found a small splinter of bone while washing, which he removed.

Nov. 1. Wound is healed.

The treatment throughout was nourishing diet. Digitalis was given when the surgical fever occurred, and aninia with tr. ferr. chloridi, during the attack of erysipelas, upon general principles.

The point of interest in this case was the occurrence of fungus

cerebri. This complication does not often occur in injuries of the cranium; but when it does, it becomes at once of grave import.

There seem to be three causes for the development of fungus cerebri.

Guthrie says tumors which occur from extravasation of blood, appear very soon after the reception of the injury. Abernethy's case showed the fungus on the tenth day. This was caused by extravasation of blood, I believe, for on this case he erected his theory of the production of fungus cerebri.

Colles speaks of two kinds of fungus cerebri: The first class of cases being accompanied with nausea, vomiting, coma, death: nothing seeming in the least to influence to a favorable termination.

In the second class of cases, the mental and bodily powers are not seriously involved, the patient dying from irritation.

Granting that fungus cerebri may be produced by extravasation of blood into the brain, Sir Charles Bell taught that even when the dura mater was uninjured, the brain, by its pulsation, forcing the dura mater against the opening in the skull, would cause ulceration and solution of the continuity of the dura mater, and finally fungus of the brain. Prof. Gross says one of the worst cases of fungus he ever saw, followed syphilitic caries of the skull.

Colles also speaks of a form of fungus which arises from irritation of the dura mater, by its being forced against the ragged edges of the cranial opening, without destroying the dura mater.

To recapitulate:

1. We may have fungus resulting from extravasated blood, complicated with a wound of the dura mater.

2. From pulsation of brain forcing the dura mater against the sharp edges of the opening in the skull, causing the destruction of the dura mater.

3. The irritation of the sharp edges of the opening in the cranium, may cause a fungus to arise from the surface of the dura mater without involving its integrity.

In the case of Johnson, which serves as the foundation of this report, there was no wound of dura mater.

4. In addition to the three causes above given, I am well assured spicule of bone may give rise to fungus growth. They evidently had much to do in its production in the case of Johnson. They also caused fungus cerebri in a case reported to me by Drs. Turney



and Thompson, two excellent physicians of Pickaway county, Ohio, for after the escape of bone the wound immediately healed.

In Johnson's case the tumor had the appearance of brain matter, mingled with streaks of coagulated lymph, and at a single point, when removed looked as though there was a blood clot about the size of a small pea. Very singular results are reported as occurring after fungus cerebri. Thus Spring, quoted in Holmes' Surgery, Vol. II., reports a case in which the protrusion involved the whole of the left cerebral hemisphere. The case got *well*, and a *post-mortem*, eleven years subsequently, showed the left hemisphere entirely gone. Could the patient, if this pathological condition had existed eleven years, have been well? Was not the cavity rather a later result of disease?

Duquesnay's case, quoted by Abernethy, tore the tumor away down to the corpus callosum. He recovered, but was hemiplegic to the time of his death.

Gross says: "The loss of brain does not correspond with the volume of the morbid growth, and the repeated retrenchments to which it had been subjected during life.

"The treatment of this disease has ever been unsatisfactory."

Colles says pressure has been applied, and what was the result? The patient dropped in convulsions the moment it was applied. Shaving it off has been tried, and the patient died instantly, in every case and under all circumstances the patient dies.

Sir A. Cooper recommends moderate pressure, with lint wet in lime-water.

Erickson says if the tumor is shaved off, as is usually recommended, it generally sprouts again, till the patient is destroyed by irritation and coma combined. In some fortunate cases the removal of the tumor is not followed by reproduction. All that can be done is to slice off the tumor on a level with the brain, and let it granulate.

Ledrau says cut the tumor off and let it granulate under moderate pressure. He also doubtfully suggests the ligature.

Sir Charles Bell recommends excision and moderate pressure.

Gross, pressure by means of sheet lead, lint, etc., excision, Vienna paste, and the actual cautery.

Mr. Prescott Hewitt says the less the protrusion is meddled with the better. Slicing, tearing away, or the removal by ligature, are to be avoided. Cold water is the best application. When the

tumor is small pressure may be advantageous, but in the larger protrusions should be abandoned.

Dr. Hutchinson used a very weak solution of chloride of zinc.

The ligature recommended by Ledrau was unsuccessfully applied by Mr. Earle, of Saint Bartholomew's Hospital.

The pressure by dry sponge was suggested by the late Dr. Dudley, of Kentucky, and by good fortune I am able to give his words, from an old periodical, the *Medical Examiner*, Vol. XV., 1828. He says: "The difficulty of managing fungus cerebri had often been witnessed in European hospitals, nor had success attached me to any plan of cure. Of all the remedies proposed in similar cases pressure had the preference, as being best calculated to prevent further protrusion, and even correct that which had occurred. It was, however, necessary to divest it of the objections which were urged against it by the highest authority.

"Dry sponge was, therefore, placed upon the fungus and bound as closely as the feelings of the patient would permit. \* \* On removal of this dressing its decisive influence and superior efficacy remained no longer a doubt. \* \* Nor have I in any subsequent case experienced any difficulty whatever in relying on the same mode of treatment."

This treatment proved eminently satisfactory in our case, and we write this article with no expectation of adding anything new on this subject, but to call attention to a mode of treatment originated by one of our best American surgeons, and which has, in specific terms, been mentioned by no treatise on surgery. To the practitioner with his first case of fungus cerebri we are sure we have done a favor.

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*Hydrochlorate of Quinine in Whooping Cough.*—Dr. Breidenbach calls attention to the benefit that may be derived from this remedy in whooping-cough when other means have failed. It has already been recommended by Binz. It requires to be administered in comparatively large doses. To a child of three weeks, Dr. Breidenbach gave a grain and a half per diem; and to one of eight years as much as fifteen grains per diem. The improvement was in general speedily manifest; and no ill effects were observed, nor was it ever necessary to diminish the dose. In one severe case the violence and frequency of the attacks abated within forty-eight hours; and a subconjunctival ecchymosis, that had previously been persistent, showed symptoms of absorption.

## Medical Societies.

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Report on Inflammation by Dr. J. C. MACKENZIE, 28th November, 1870.

In the whole field of medical literature, probably no subject has occupied so much space as that of inflammation, and upon no other subject has there been expended such searching investigation. This is not at all surprising when one considers the important part which the inflammatory process plays in pathology. There are but few diseases, which run their whole course unaccompanied at one period or another by inflammation. Nevertheless, notwithstanding the amount of labor devoted to its elucidation by the most powerful minds, its essential nature is still an unsolved problem, and, quite possibly, may ever remain so.

Previous to the time of Harvey, all knowledge in regard to it was necessarily very vague and confined to the most palpable phenomena—heat, redness, swelling, and pain. Since then, theory after theory has been advanced, variously based on the action of nerves, vessels, or tissues. Fifteen years ago, the exudation theory was very generally accepted, and the cause of the exudation was explained in different ways by different pathologists. Rokitansky accounted for it by the enlargement and distension of the vessels, and consequent thinning of the vessel walls. Henle, and, after him, Hughes Bennett, considered it due to increased attraction of the tissues for the plasma; the latter expresses it by saying that the attractive power of the molecules of the tissues is increased, while the selective power is diminished, so that an increased amount of material is separated from the blood, but, though larger in quantity, it is not suitable in quality for the proper nutrition of the part. The exudation was regarded as a blastema in which appeared nuclei, cells, and fibres; these either developed into new tissues or degenerated into pus cells, granular debris, etc., depending upon the character of the inflammation, vigor of the individual, or some other cause often inscrutable.



In 1858, Virchow delivered his lectures on cellular pathology. He placed the cell with regard to pathology in the same position in which Schwann had previously placed it with regard to physiology. He maintained that it was the essential agent in all morbid processes, and enunciated the doctrine "*omnis cellula e cellula*." Of course, this theory being accepted, that of exudation and blastema must be abandoned in reference to inflammation and other diseased actions. He stated that what was formerly regarded as exudation was simply new tissue resulting from proliferation of cells, and generally of connective tissue cells. He considered the body as made up of connective tissue, in which special organs, as nerve cells, muscular fibres, etc., were embedded, so that there was abundant material throughout the body for the formation of the so-called inflammatory exudations. His theory in regard to inflammation is, that it depends on a formative irritation of the cells eventuating in their abundant proliferation. That exudation, or the presence of blood vessels, is not essential, was proved by the experiments of Redfern and Goodsir on cartilage, in which, as a result of irritation, the cartilage cells multiply abundantly, although cartilage is entirely wanting in blood vessels, this multiplication is essentially chondritis.

In favorable cases, this new material may develop into new connective tissue; but where the multiplication of cells has been very rapid, and other circumstances in the case are unfavorable, pus cells are produced. These pus cells, according to Virchow's views, may arise from two separate sources: 1st. From the epithelial structures, in which case the deep layers of cells are the active agents; and, 2d. From the connective tissues. In this latter variety multitudes of small, round cells are produced by the proliferation of connective tissue corpuscles, by endogenous growth and fission, so that but little intercellular material remains; this subsequently undergoes the process of liquefaction, being first converted into mucous tissue, and finally into an albuminous fluid. In this way the cells are set free, and become pus cells, while the albuminous fluid becomes the liquor puris.

This very plausible and very fascinating theory, placing as it does all pathological processes under the control of cell action, and thus reconciling them with physiological processes, was very generally accepted by the medical world.

About three years ago, Cohnheim, a former pupil and assistant of Virchow, published in Virchow's Archives an article containing

some original views in regard to the formation of pus quite subversive of Virchow's theory. He was led to these views by some observations which he had made when examining the opacity produced in the cornea of a frog by an irritant. It had been previously stated by His and Strube that this opacity resulted from the presence of pus corpuscles generated by proliferation of the connective tissue corpuscles. He, however, found that the corneal cells remained quite unchanged, being merely obscured by the presence of the pus cells; upon injecting aniline into the blood vessels, and afterward irritating the cornea, he found that the pus cells were all colored blue, as were also the white blood corpuscles in the vessels, whereas the connective tissue cells remained unaffected, thereby almost positively proving that the pus cells in the corneal tissue had been previously in the blood vessels. He then, under the microscope, examined the mesentery of a frog, poisoned with woorara, in order that it might remain quiet. The exposure of the membrane to the atmosphere was sufficiently irritating to cause inflammation, and the following phenomena were observed: Soon after exposure the arteries began to dilate and become tortuous; subsequently the veins also dilated and the blood stream was much retarded; the white blood cells accumulated in the marginal plasmatic layer of the veins, and finally became stationary; small projections were soon observed on the external surface of the veins; these increased in size, and finally detached themselves from the vessel wall and floated away, being possessed of amœboid movements, that is, the power of projecting portions of their substance in the form of processes and retracting them. The migration of the white blood cells from the vessels is thus explained by Cohnheim: When these bodies come to rest in the plasmatic layer of the veins, they immediately exhibit amœboid movements; some of the processes insinuate themselves into the minute stomata, which have been shown to exist in the epithelial lining of the vessels; having penetrated through the epithelial coat, their progress afterward is more rapid, as much connective tissue exists in the other tissues, through which their passage is quite easy. The whole process occupies from one to two hours, and takes place as well in the capillaries as in the veins. Besides the white cells, red blood corpuscles also escape, but in comparatively small numbers. Fibrinous exudations are to be regarded as transuded fibrine mingled with these cells. These phenomena were also observed in the mesentery of cats

and rabbits. According to the migration theory of Cohnheim, therefore, pus cells are to be considered as white blood corpuscles which have made their escape through the vessel wall in the manner already described. The dilatation of the vessels, he ascribes to paralysis of the vaso-motor nerves, and the slowing of the blood current he supposed to be secondary to the enlargement of the vessels and dependent upon it.

This theory is by no means original with Cohnheim. The phenomena of the migration of the white blood cells were first demonstrated by Waller, and described by him in 1846. He drew out the tongue of the frog, and secured it under the object glass of the microscope; he then applied some irritant, and soon observed projections on the external surface of the vessels, which gradually enlarged, and finally floated away as free globules to be succeeded by others. As Stricker remarks, in his late Monograph on Inflammation, these observations of Waller anticipated those of Cohnheim in almost every particular; but they excited very little attention among medical men at the time.

In 1849, Dr. William Addison, and, in 1852, Zimmerman expressed similar views in regard to the origin of pus corpuscles. The following are Dr. Addison's words in describing the phenomena of inflammation as observed under the microscope:

"At first, in the first stage, these elements (the colorless elements of the blood) adhere but slightly along the inner margin or boundary of the nutrient vessels, and are therefore still within the influence of the circulating current, belonging, as it were, at this period, as much, or rather, to the blood than to the fixed solid. Secondly, in the second stage, they are more firmly fixed in the walls of the vessels, and are therefore, now, without the influence of the circulating current. Thirdly, in the third stage, new elements appear at the outer border of the vessels, where they add to the texture, form a new product, or are liberated as an excretion. In the sequence of these phenomena the second does not prevent or stop the first, nor does the third prevent the other two."

However, these views, like those previously advanced by Waller, seemed comparatively neglected, and it was left for Cohnheim to create among pathologists that interest in the subject so necessary for its thorough investigation.

Since the publication of his article, several experimentalists have repeated his experiments, but without uniform results. Kremiansky,



of Vienna, and Koster, have confirmed them; Vulpian, in a paper read before the Academy of Medicine of Paris, gave the results of experiments performed by himself and Hayem. I have not been able to obtain the paper, but from a notice of it in the August number of the London Lancet (American reprint), it appears that their conclusions are that the theory of Cohnheim is well worthy of attention.

Cornil and Ranvier, in an excellent little manual upon Pathological Histology, published in Paris in 1869, discuss the subject of inflammation. They adopt the views of Virchow, but in a somewhat modified form. They maintain that the active phenomena are not confined to the connective tissue corpuscles, but may be exhibited by all forms of cells. In this, they follow the opinions of Beale, who for several years has held the doctrine that inflammation affects all germinal matter, and produces in it active changes. With reference to the Cohnheim theory, they state that after imitating in every particular his mode of procedure, they have been unable to satisfy themselves of the migration of leucocytes through the vascular walls. They sum up their conclusions in the following way:

"Pathological anatomy in the human being accords perfectly with what we have learned from the experimental study of inflammation. The processes occur in the following order: Hypertrophy of the nucleus; increase, and, afterward, division of the protoplasm; destruction of the secondary membrane of the cell; destruction of the fundamental (intercellular) substance; establishment of embryonic tissue (such as is found in the embryo before the formation of the blastodermic membranes); formation of new vessels." After the formation of the embryonic tissue, the new growth may develop into connective tissue or degenerate, if the supply of nourishment be obstructed, into pus cells. These result from the impairment of the nutrition of the embryonic cells; the nuclei divide, but, owing to deficient vitality, the protoplasm remains unchanged, so that a cell is produced with several nuclei.

Jaccoud, in his *Traité de Pathologie Interne*, published in Paris last year, devotes some pages to the consideration of the subject of inflammation. His views also coincide essentially with those of Virchow. He considers the abnormal activity of the nutritive functions of the cell, produced by some irritant applied to it, as the primary lesion, and the nervous and vascular disturbances he

looks upon as consecutive. He divides the phenomena of inflammation into four stages: 1st. That of Nutritive irritation, in which the cells enlarge and become filled with albuminous granules; then follow vascular changes, with the transudation of blood plasma, which, being mingled with the elements of the tissues, constitutes the exudation. This may be fibrinous, serous, etc.

2d. The stage of Resolution, in which the solid portion of the exudation undergoes fatty metamorphosis and conversion into a semi-fluid mass, which, with the fluid portion, is absorbed, so that no trace of its having existed remains. Resolution is exhibited most frequently in exudations upon free surfaces, such as mucous and serous membranes.

3d. The stage of Formation, in which the exudation, and the tissues from which it originates, may be transformed into pus or into connective tissue, such as is found in false membranes on serous surfaces, interstitial indurations in different viscera, inflammatory hypertrophy, etc. This connective tissue, by its subsequent contraction, interferes very much with the nutrition of the organ in which it occurs, both by pressing upon the elements and by constricting the blood vessels, and finally leads to their atrophy, as is seen in cirrhosis of the kidney, liver, etc.

4th. The stage of Retrograde Change (Regression), in which the exudation and the tissue in which it occurs undergo fatty degeneration and ultimate destruction. This process is essentially the same as that of Resolution, but this latter is much more rapid, is confined to the exudation, not affecting the tissue of the organ inflamed, and leaves no trace: whereas, the retrograde change involves extensive disorganization of tissue, as is seen in caseous pneumonia, atheroma of arteries, fatty degeneration of the kidneys, etc., and leaves behind most striking evidences of its ravages.

Quite recently, a brochure on Inflammation has appeared from the pen of Stricker, a distinguished experimentalist of Vienna. Upon irritating the cornea and tongue of the frog, and examining them under the microscope, he was enabled to demonstrate that the cells of the connective tissue underwent proliferation. He also examined under the microscope the tail of the tadpole, which had been previously subjected to the influence of woorara. Upon irritating the tissue he observed that there was an accumulation of colorless blood cells at the seat of irritation, and soon many of them passed through the cell wall. He therefore admits that pus cor-

puscles may proceed from the blood vessels, but also maintains that they may be, and probably most usually are, produced by the cellular elements of the tissues themselves. He draws the conclusion, from his experiments and observations, that the differences noticed in the characters of pus corpuscles, in all probability, depend upon this difference of origin.

He states that, as the result of inflammation, not only do the connective tissue cells multiply, but muscle cells, nerve cells, and epithelial cells, both integumentary and glandular. In regard to the formation of new tissues as the result of inflammation, he seems to lean decidedly toward the cellular views of Virchow.

At present there are in course of publication, in the columns of the *Medical Times and Gazette*, lectures upon analytical pathology, delivered by Dr. Moxon at Guy's Hospital. In these, among other subjects, inflammation is discussed. The lecturer seems to adopt mainly the views of Virchow, that inflammation consists of an abnormal formative irritation in the cell elements, and that the phenomena of heat, pain, redness, and swelling are consequential. He divides the tissues into three classes, cellular, intercellular, and tubular; the first consisting of epithelial and glandular structures; the second of connective tissues; the third of vessels, nerves, and muscles. As a result of irritation applied to the first there is abundant proliferation of the cells. If this occur on surfaces the condition known as catarrh results, but if, in glandular organs, enlargement of these organs takes place. This enlargement soon subsides if the cellular element is alone affected. But if the irritant is more severe, or its application more prolonged, the intercellular tissue becomes affected, and much more serious consequences follow. Provided the irritation produced in this tissue be not very intense, slow hyperplasia results, which, by its pressure and consequent contraction, may interfere very materially with the proper nutrition of the organ. If the irritant be severe, and the irritation following more intense, we will have produced, not an increased amount of normal tissue, but a heterologous formation known as pus. True pus cells, he thinks, are never the result of irritation affecting simply the cellular element, but are only produced when the irritant has been sufficiently active to influence the intercellular tissue. His views as to inflammation of the tubular structure have not yet been published.

It hence follows that pathologists are by no means agreed as to



the essential nature of inflammation. The medical world is, for the most part, divided between the theories of Virchow and Cohnheim, and as long as such differences exist between celebrated authorities the subject must be considered *sub judice*, and dependent for its solution upon the future researches of scientific men.

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*The Temperature in Phthisis.*—The Appendix of the recently published Army Medical Blue-book contains a paper by Assistant-Surgeon Boileau, M.B., 29th Regiment, on “the Correlations of Temperature, Pulse, and Respiration of Phthisis.” The author says that the positive evidence of elevated temperature in a doubtful case of tuberculosis is of great value, while the absence of such elevated temperature is no proof that tuberculosis is not present. It is not even a proof, he asserts, that tuberculization is not in progress. After recording his observations, he proceeds to say in reference to one case :

“The above was a well-marked example of phthisis of five months’ duration, in which the temperature was always low, frequently normal, while the pulse and respirations were very much accelerated. And with this case I will conclude my demonstration, that, fully recognizing the value of the thermometer to the clinical observer, it must be admitted great care is demanded of us in the interpretation of the information it affords ; and that, in phthisis especially, we must not be carried away with the idea that the thermometer will enable us positively to say, in a doubtful case, whether the patient is suffering from the disease or not.”

One of our reasons for calling attention to this subject is the fact that the observations accord with the results of some of our own, and will probably agree with those of other observers.—*London Lancet.*

*Busts of Simpson and Goodsir.*—Mr. Brodie, the well-known sculptor, has just completed two excellent busts of the late Sir J. Y. Simpson. One represents Sir James in his genial mood, the other in his less characteristic but equally memorable aspect as the *savant* and professor. The same artist has also executed an admirable bust of a man still more endeared to the university—the late John Goodsir. This work will be presented to the senators on an early day.—*London Lancet.*

## Hospital Reports.

*Cincinnati Hospital—Service of C. G. Comegys, M. D.*

Reported by JOHN P. GREEN, M. D., Resident Physician.

## APHASIA WITH RIGHT HEMIPLEGIA.

*August 15, 1870.*—Augusta Banneman; aet. 34; German; housewife; married. Had an apoplectic seizure six months ago, from which she rapidly recovered, save a slight degree of paralysis of right arm, which persisted till about three days ago, when she had another attack. Is now perfectly rational; special senses intact; partial right hemiplegia, and slight right facial paralysis; flexor muscles of right upper extremity contracted; can protrude tongue only a trifle beyond teeth; has complete aphasia. No difference of sensation on the different sides of body. Was placed under strychnia, and gradually improved; facial paralysis disappeared; regained to a considerable extent the power of speech; could walk about ward on September 27, when she was taken away by husband against advice.

*September 9, 1870.*—Sarah Curtis; a well-nourished woman, apparently sixty years of age; unable to speak only two syllables, "ba, ma;" but when interrogated as to where she was born, after hearing the names of several places, nodded affirmatively when Baltimore was mentioned, and apparently comprehends all that is said, as shown by signs; somewhat difficult to fix attention. Eyes dull; mouth drawn toward left side; right side of face immovable, and without expression; shuts both eyes closely; no power to move corrugator supercilia; anterior arch of fauces more dependent on right side; arcus senilis in both eyes, pronounced; pupils contract under influence of light; mobility of eyes complete; sensation on right side of face considerably impaired; right upper extremity completely paralyzed; paresis of right lower extremity; can lift leg but is unable to move toes; incontinence of urine and feces; precordial dullness enlarged, no bruit. To have good diet, bowels to be kept regular, and take strychnia sulph., gr.  $\frac{1}{8}$ , by sub-cutaneous injection once a day.

*September 13.*—Able at times to protrude tongue which is de-

flected toward right side; notifies nurse by signs when she desires to pass urine or feces.

*September 23.*—Appears to have slightly better motor power in lower extremity; face more intelligent; stop injections, and take instead gr.  $\frac{1}{30}$  of strychnia per orem.

*October 1.*—To-day, for first time, is able to articulate a few monosyllables.

*October 5.*—Slowly improving; able to walk with slight support; and is regaining power of speech.

*October 14.*—Continued improvement; sits up more than half the day; can walk with little or no support when eyes are fixed on feet, but reels as soon as eyes are closed; has some little control over muscles moving shoulder joint, but can not move forearm, nor can she flex or extend fingers. Marked recovery of right facial paralysis. Is able to converse quite freely.

*October 25.*—Had been doing well since last note, till at 5 o'clock this morning. While sitting up in bed, suddenly fell, nurse's attention being attracted by a loud groan. The resident physician, Dr. Green, was at once summoned, and found patient utterly unconscious; lying on back somewhat inclined to right side; muscles of *left side*, and especially of left arm, rigidly contracted; left side of face completely paralysed; both eyes drawn powerfully toward right side; almost complete loss of sensation over entire body; perhaps a little remaining on right side; both pupils slightly contracted and immovable; respirations sixteen per minute, labored but not stertorous; pulse sixty, soft and feeble, gradually sank; respirations became stertorous; spasms relaxed; and died at midnight on 27th.

Autopsy, fifteen hours after death, by Dr. Taylor, revealed extensive white softening in left hemisphere, involving entire island of reil, except a thin stratum on external surface; an extensive fine coagulum on surface of right hemisphere, and no softening in substance of latter; also, atheromatous desposits in cerebral arteries, as well as throughout entire arterial system; left heart hypertrophied with calcareous deposit at base of mitral valves which, however, were still flexible.

#### APHASIA FROM A BLOW.

*November 4, 1870.*—John Conboy; aet. 53; born in Massachusetts; carpenter; married. Learn from patient's friends that about two months ago he received a blow on left anterior part of



head, by a piece of timber falling a few feet on him, while at work on a shed. No external wound was inflicted, was unconscious for some hours, and delirious for several days; gradually improved, and was able to work till two weeks ago, when it was observed by his friends that at times he was at a loss for words to fully express himself, and his memory for words has been constantly failing to present time.

Present condition: Ordinary stature; fair muscular development; pulse seventy; good tone; appetite and digestion good; bowels regular; expression of countenance dull; a very slight impairment of sensation and motor power on right side of body; has almost total amnesia of written language. Is utterly unable to write, but by great effort can read a word or two. His memory for spoken language is less impaired, but can not converse coherently; when questioned as to how long he has been ill, replies as follows: "My head, she has, I expect, if I ever find, by to-morrow, it is hard work, I must repeat," etc.

*November 5.*—No change. He was oblivious of time; spoke of the month as September. He was ordered a hypodermic injection of strychnia daily,  $\frac{1}{60}$  gr.

*November 7.*—This morning, while in lecture room, was able to write first name, but could not proceed further. Stopped subcutaneous injection, and ordered gr.  $\frac{1}{30}$  in solution twice a daily.

*November 11.*—No marked change; in attempting to write Cincinnati, wrote: Cin-n-n-n-nnnn. He began to improve rapidly from this date; could converse pretty well, and by the 15th could give a satisfactory account of his accident, could readily write his name and other words; and was discharged at his own request on the 15th.

[This case harmonizes with a case reported by Dr. Muscroft to the Academy of Medicine, in February last, as seen by him and Dr. Comegys. The aphasia in that patient was from a blow and scalp wound on left anterior portion of the head.—ED. LANCET AND OBSERVER.]

## Correspondence.

### *Letter from Prof. S. A. Norton.*

16 TURNER STRASSE, III. ETAGE, LEIPZIG, SAXONY, }  
December 12, 1870. }

FRIEND STEVENS: This is the King's birthday. In honor of the occasion, Prof. Kolbe has closed his laboratory, and thereby given me a holiday. Remembering my promise to you, I have devoted the time to visiting Prof. Carl Ludwig's Physiological Institute, and have prepared the following hurriedly written sketch of it, which you are at liberty to print if you think it will interest your readers.

First of all, imagine a handsome two-story building, with a well-lighted basement, whose ground plan has nearly the shape of the block letter **E**, so placed that the base or lower arm of the letter is parallel with the street. Each arm of the letter, and the perpendicular side, is about 120 feet long; the tongue is the lecture-room, and is capable of seating about 100 students. The upper story is used for the residences of Profs. Ludwig and Hueffner and their assistants. The rest of the building is arranged for experimental researches in physiology

The lower arm of the **E** contains three rooms, assigned to the study of the microscope, under the superintendence of Prof. Schweigger-Seidel. It is well provided with all the appliances necessary, such as microscopes, injecting apparatus, water baths, etc.

The perpendicular side of the **E** is occupied by Prof. Ludwig's laboratory. This includes a suit of half a dozen good-sized rooms. The corner room is Prof. Ludwig's sanctum, and contains wax models, apparatus for illustrating acoustics, electricity, etc.; all, so far as I can judge, of the latest and most approved construction. The professor had the kindness to show me his electrical machine in operation. It is a double one of the Holtz pattern, and is capable of throwing a spark a foot long, attended by a

report like a small peal of thunder, and a clearly perceptible odor of ozone.

The two rooms next in the suite are fitted up very much alike, that is, each has operating tables with bellows attached for keeping up artificial respiration in animals under the influence of curara; water baths for maintaining a constant temperature; injecting apparatus, by means of which three different fluids can be injected simultaneously, under any required pressure; apparatus by means of which the movements of the heart and lungs of the animals operated upon are automatically registered; electrical clocks, evaporating chambers, together with numerous minor contrivances for facilitating experiments, all admirably arranged, and as handy as one could possibly require.

I had the pleasure of seeing Prof. Ludwig prepare a hound for a research on the relative pressure between the carotid artery and the jugular vein. Unfortunately for me, the blood coagulated in the connecting tube of the veins before the arrangements were perfected; but I was struck by the extreme skill and neatness of the manipulations of the professor. Perhaps, quite as much so as I should have been had the experiment proved a success. If Prof. Williams will permit the comparison, I should say that Prof. Ludwig's happy and genial manners reminded me of him.

The rooms assigned to the library, to the spectral analysis, and to the balances are so like those in other laboratories as to require no special mention; but, speaking from a chemical point of view, the chamber for gas analysis is the most complete I have seen any where. It contains, besides the ordinary cisterns, spark producers, etc., two air-pumps of Dr. Ludwig's invention. The exhaustion in the receiver is attained by first filling it with mercury, and then allowing the mercury to run out. Of course, the vacuum thereby formed is the same as that in the top of a barometer. In this chamber is also a newly invented apparatus for artificial respiration, which I understood had not been fully tested.

The upper arm of the E, that is, the rear of the building, is Prof. Hueffner's laboratory for physiological chemistry. It is a miniature copy of Prof. Kolbe's laboratory, being intended more for the use of the professor than to accommodate students. Nevertheless, it would be considered a good-sized laboratory in America, and is, so far as appliances go, of first-rate order. The chambers for noxious gases are lined with porcelain, and furnished with pipes



and small reservoirs for heating by steam, or by the ordinary burning gas. The other appurtenances, as sinks, drying chests tables, etc., would serve as models for compactness and neatness.

The basement is divided into rooms corresponding to those already mentioned. Those under Prof. Hueffner's rooms contain a steam boiler, apparatus for distilling, combustion, and other operations requiring space, or likely to evolve foul gases. Under the main portion of the building is a well-appointed carpenter's shop, and a skillful mechanic is attached to the laboratory to render such services as are necessary in repairing apparatus, or making such alterations as circumstances require. The motive power which drives the apparatus in Prof. Ludwig's rooms is a small gas engine in a room next the carpenter's shop. It is a very compact little machine, and is a marvel of cheapness, as it costs only three cents an hour to run it, but at each explosion which drives the piston upward there is a disagreeable clang. Other rooms in the basement contain the animals which are destined to serve as martyrs to science; under the lecture-room, a pack of dogs; in another room, a splendid collection of Swedish frogs. Another room is for experiments, in which a low temperature is required. Another is a store-room, etc.

In the rear of the building is a good-sized stable for experiments on horses, a warren for rabbits, and, in the summer season, an aviary and a fish-pond.

Now, you will understand that this is only a sketch, and that I have not attempted a complete description, but I think I have written enough to show you that I am greatly pleased with the institution, and perhaps enough to convince your readers that few professors of physiology are so well provided for as Prof. Ludwig. One other fact ought to be mentioned, viz: that this great array of appliances is intended principally for experimental research, and only incidentally for ordinary medical students. A very few students are admitted to the laboratory, and generally only those who are themselves so far advanced in the study that they are qualified to act as assistants,

For the ordinary student there are only courses of lectures by Profs. Ludwig, Hueffner, and Schwegger-Seidel on their respective branches, and by Prof. J. Mueller in physics, but no more opportunity of individual research than our students have in America. The pupil-assistants prosecute each a special research under the immediate direction of the professors, and frequently

under their special and minute superintendence. The results attained are published every year, generally under the names of the professor and pupil together.

I will only mention further that adjoining is the magnificent chemical laboratory of Prof. Kolbe, the astronomical observatory, and the new hospital. On the opposite side of the street are vacant lots designed for an anatomical institution and for a school in physics. When these latter are completed, advanced students will find new attractions in Leipzig, as now they can find no better facilities for studying chemistry and physiology than in this city.

Hoping that this letter may be the means of directing some of our travelers in search of science to the advantages here offered, I remain,

Very truly yours,

SIDNEY A. NORTON.

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*Milk a Prophylactic against Lead-Poisoning.*—At the glass-factory of St. Louis, there have been, for many years, numerous affections due to lead. Sulphuric lemonade alone prevented these accidents, but the workmen, tired of this beverage after a few days, refused to use it. Struck by the immunity enjoyed by two workmen who habitually drank milk, M. Didierjean, director of the factory, ordered the use of milk, giving the workmen an addition to their daily pay for its purchase. Its use was introduced in February, 1868, and for a long time no case of lead-colic has occurred.—*Revue de Thérapeutique Medico-Chirurgicale.*

*Mr. W. Haslam Davis* advocates in the *Lancet* the employment of nitrous oxide gas as an anæsthetic in minor operations which can be quickly performed, and instances a case of fistula in ano, and one of amputation of the middle finger with a portion of the metacarpal bone, in which it was used by him with much satisfaction. Its advantages are, the rapidity of its action and the absence of subsequent sickness or nausea; its disadvantage, the muscular spasm sometimes observed under its influence.

*Divided Medicines* will receive early notice as important to practitioners. See advertisement.

*A Location for Sale in Missouri.* Address this office.

## Editorial.

*Another Year.*—The past can not be recalled; we may in part determine the future. All of us realize how short is time, and how much of art is to be acquired. We greet our readers with this initial number of another volume of the *Lancet and Observer* with sincere regards and a light heart. If in any degree we have failed in the past, we must strive with redoubled diligence in the year that is upon us. So to all sincere workers in the profession we extend fresh greetings, and express to each our fresh purposes.

And now, friends, while we work, hold up our hands by your friendly help. Write out your experience, your practical views, and observations; and let us continue, as in the past, to build each other up.

The *Lancet and Observer* has for so long a time been the organ of the profession at large, and has for so many years enjoyed its confidence and friendship, that we confidently place ourselves and the interests of this journal in the hands of our old friends. We trust, however, that just at this fitting time a vigorous effort will be made to increase our subscription list; what more fitting New-Year's gift to the editor than a generous addition of this sort?

We do not often print the compliments of our subscribers, but just now we will be pardoned for doing so just this once; we quote an extract from a letter from a friend in Central Ohio: "You are improving your journal very much, and I consider it second to none of our American monthlies, alike in editorial, selection, and executive departments; and it deserves the hearty patronage of physicians generally."

We ask for vigorous and systematic help, then, from all our friends in entering upon a new year, because if we have afforded a good and useful journal in the past, we are determined to excel, and believe our arrangements justify us in promising that 1871 will be better than any of its predecessors. So to all a true and happy New-Year.

*Longview Lunatic Asylum.*—It is now about eleven years since



the erection of this great establishment for the cure of the insane, in the vicinity of this city. During the entire period Dr. O. M. Langdon has been the *Superintendent*. Some few months ago Dr. Langdon notified the Board of Trustees of his resignation, to take effect as soon as his successor should be appointed. After a somewhat protracted effort on the part of the Board to select, as "Uncle Jo. Siefert" would say, the "best man in the United States," the election resulted in the choice of Dr. Wm. H. McReynolds, of this city. The competition was lively, there being at least a dozen gentlemen, of more or less well-known character, aspirants for the place.

Dr. McReynolds is a good practitioner, and is well known in our city as a correct and honorable gentleman. He has already entered upon his duties, and we do not doubt he will give excellent satisfaction.

The Board of Trustees adopted the following resolution of compliment to the retiring Superintendent, who, we learn, is arranging his affairs with the intention of making a trip to Europe:

"*Resolved*, That in accepting the resignation of Dr. O. M. Langdon as Superintendent of the Longview Asylum, we do so with a feeling of deep regret, recognizing his eminent ability as a physician, his honesty and zeal as an administrative and executive officer, and the fact that to his energy and faithful service in the discharge of his arduous duties for over eleven years is due the present flourishing condition of our institution, of which we are all justly proud, for the good results it has wrought in the humane treatment and cure of a class of our unfortunate fellow-beings who appeal to our tenderest sympathies. That in parting with Dr. O. M. Langdon, we express to him the thanks of the people of the county whom we represent in this Board, and our personal thanks for his uniform courtesy and kindness to us individually while associated with him on duty."

*A Word of Explanation.*—The article on chloroform in this number, by Dr. Dawson, is a very elaborate one, and will amply repay study, as it brings up the literature and accidents of the subject to date. It occupies nearly double the space that we anticipated, and therefore, at the last hour, we are obliged to lay over for next month several articles placed in the hands of the printer. This also breaks in upon our usual variety, which we greatly regret, but expect to correct this hereafter.

*The Ohio State Medical Society.* It will be borne in mind that the last meeting of the Ohio State Society adjourned to meet in Cincinnati in 1871, and as the Kentucky Society had already adjourned to meet in Covington in 1871, the Executive Committee was empowered to use its discretion as to time of calling our meeting. After some considerable correspondence, the Committee find it will be inconvenient to postpone the date fixed upon for the Kentucky Society, which is April 4th. The call is therefore issued at once for the same date, as will be seen by the circular of the Executive Committee, which we append. In due time, whatever arrangements are made of interest to the members will be announced, either through the journals or by circular. We hope the members of the Society will so set their affairs in order that we may have the largest turn-out that has ever been known. We are confident the meeting will be of rare interest. Undoubtedly the joint Executive Committees will mature their arrangements so that pleasant and full opportunity will be afforded for an intermingling of the two Societies;

*The Ohio State Medical Society* will hold its next annual meeting in Cincinnati, April 4, 1871.

At the meeting in Cleveland, for 1870, the Executive Committee was authorized to determine the time of meeting for 1871 to accommodate the time of meeting of the Kentucky State Medical Society, which convenes at Covington; and as the Kentucky Society had already adjourned to meet Tuesday, April 4, the Committee of the Ohio Society has decided to accept that time.

As the two State Societies will thus meet simultaneously at points so convenient for mature intermingling, it is hoped and believed that the meetings for 1871 will prove the most interesting that have ever been held.

Further arrangements will be duly announced.

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| <i>Executive Committee.</i> | { EDWARD B. STEVENS,<br>W. W. DAWSON,<br>P. S. CONNER,<br>W. B. DAVIS,<br>A. J. MILES,<br>G. A. DOHERTY. |
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*Education of the Insane.*—Whatever can contribute to the therapeutics of this unfortunate class of beings must command the earnest attention of the profession. At the last meeting of the

Superintendents of American Insane Asylums, held at Hartford, June, 1870, Dr. Barstow read a paper on "Asylum Schools in Ireland." How far a system of instruction could be carried out in the asylums of this country to advantage, we are not prepared to say. It would seem, however, to afford additional means both for recreation and mental treatment. Dr. Barstow states, that "in a few of the public institutions of Great Britain and the Continent, the experiment has been successfully practiced for many years past." In our asylums, a great variety of amusements—reading, where the patient inclines; music; sometimes lectures, with many other diversions—are embraced in the routine of hygienic measures. But this regular systematic plan of school instruction, with the varied view of recreation, mental discipline, and treatment, has as yet not been entertained with us, as Dr. Barstow tells us is a feature of Irish and Continental management. We are glad that the idea is thus fairly and so favorably brought to the attention of the American Association of Superintendents.

*Personal.*—Dr. Thomas Carroll, one of the oldest physicians of our city, and well known throughout the State, has been confined for some time to his room, with protracted illness. His many friends will be glad to know that he has so far recovered as to be able to attend to his usual professional duties.

*Journal of the Gynecological Society.*—The price of this journal has been advanced, as follows: To former subscribers, \$4 a year; to new subscribers, \$5. Instead, therefore, of affording this journal with the "*Gynecological*" at \$5, as heretofore announced, the price of the two will be \$6.50.

*The Concinatti Hospital.*—Quite a pleasant gathering recently took place at the City Hospital. Several members of the legislature, including Senator Jenner, of Crawford county, the judges of the superior court, and court of common pleas, with various other friends of the hospital, were handsomely entertained by the Staff and Board of Trustees. The party made a thorough inspection of the entire hospital, several of the distinguished gentlemen making then their first visit. There was, of course, the inevitable speech-making, without which no American gathering can be regarded complete. Some of the talk was quite to the point, however, because it explained the history, workings, and expenses of the hos-



pital. The rest was pleasant enough, because it expressed the general satisfaction of the visitors with all they saw, and their confidence in the management of the Board and services of the staff. A very important change, or improvement, has recently been made at the hospital; an entire ward, on two sides, has been converted into small private rooms, designed for the accommodation of pay patients. The rooms are tastefully fitted up with every comfort; and the cost to patients will be less than at any respectable hotel; while trained nurses, medicines, and every convenience for the sick will be afforded. If patients desire, they may be treated by respectable, regular physicians not of the staff. This is a desideratum much needed, and hitherto but poorly supplied.

*Summer School Instruction.*—Many of the best schools of the country add to the advantages of their instruction by conducting a course of lectures and demonstrations during the Spring and Summer. These consist, in part, of a repetition of the Winter lectures, and in part of special topics, which can not find a place in the regular term. The *Miami Medical College* of Cincinnati has a plan of Summer instruction of this sort, which medical students will do well to observe. It is intended to make it a very practical course, and thus supplementary to the Winter course. It will commence about the middle of March and continue three months, with excellent opportunities for hospital observation and practical anatomy. To matriculants of the college, there will be no extra fee. The course will be the same as the last year, and the particulars will be announced next month.

*The American Practitioner* is the name which our friends Parvin & Yandell give their journal—late "*Western Journal*"—and it has just closed its first year, as we judge, under very favorable auspices and prospects. We wish it a long and worthy career. Address John P. Morton, Publisher, Louisville, Kentucky.

*The Physics and Physiology of Spiritualism.* By WM. A. HAMMOND, M. D. New York: D. Appleton & Co., 1871.

This monograph is a discussion of the various shapes of the delusion known as Spiritualism. It originally appeared as an essay for the *North American Review* for April, 1870. In its present shape it is revised, and has received additions. Odic force, somnambulism, hysteria, etc., are considered in a pleasant and popular manner, and we doubt not the essay will find many gratified readers.

*Physical Life of Man and Woman, or Advice to both Sexes.* By P. HENRY CHAVASSE, M. D. National Publishing House, Cincinnati, 1871. Robt. Clarke & Co. Price \$2.00.

We have before us another of the sensational style of books. It is addressed to the maid, wife, and man. To each it affords a vast deal of useful advice. In the several chapters, Love, Marriage, Menstruation, Pregnancy, Confinement, the Care of Children, Celebacy, Reproduction, Conjugal Sins, Impotence, etc., are severally treated of. Much that is said, perhaps all, is in accordance with accepted views, but we must protest against such stuff being prepared for family reading. The tendency of the popular mind is certainly prurient enough already in all those matters which pertain to the sexes, their relationship, and peculiarities, and we do not desire to see any further multiplication of books of this character. It is written in a readable style, abundant in anecdote and illustration, and handsomely printed.

*The Transactions of the American Medical Association for 1870.*—The Transactions for 1870 make a volume of 600 pages, and its examination will demonstrate that notwithstanding the prominence given at the Washington meeting to extraneous and unprofitable matters, yet that there was a great deal of very good work done. There are, perhaps, the usual amount of papers crowded into the Transactions that are of moderate importance, but several of the reports are well worth the permanence of this shape; some of the papers are finely illustrated with plates, and, take it altogether, we are bound to say this is among the most valuable of the series thus far published. Those who do not receive the volume as members may do so by addressing the Treasurer, Dr. C. Wistar, 1303 Arch street, Philadelphia, and inclosing \$5. The Treasurer also holds a moderate surplus of previous years' transactions, which are sold at a discount.

## OBITUARY.

Died, at his home in Camden, Preble county, Ohio, on the 28th November, of congestion of the brain, Dr. Lurton Dunham, aged sixty-five years.

Dr. Dunham was born in Elizabethtown, New Jersey, July 30, 1805, and was eminently a self-made man. At the early age of sixteen, he made his way to the great West, where he commenced at once as school teacher, and continued teaching until he accumulated sufficient funds to enable him to take a scientific course of studies at Miami University; after which he commenced the study of medicine with the late Dr. M. C. Williams, of Collge Hill, and after attending one course of lectures at the Medical College of Ohio (winter of 1830-31), opened an office with Dr. Williams, in Camden, where for over *forty years* he continued an active and respected practitioner.

Dr. D. was elected a member of the Ohio legislature and served with distinction, and at the completion of the S. W. Lunatic Asylum, was appointed one of the trustees of said institution, which position he filled very satisfactorily till his death.

Dr. Dunham was justly ranked by his professional brethren as a very excellent practitioner and counselor, and celebrated for his conversational powers and general disposition. His remains were followed to their last resting place by all the faculty of Camden, several from Eaton, and Dr. Gundry, of the S. W. Lunatic Asylum, and the largest concourse of mourning friends and sympathizing neighbors ever assembled on a similar occasion within the county.

His death has cast a gloom over the community where he lived that will not soon be dispelled.

"He sleeps the sleep that knows no waking."

*"Requiescat in pace."*

EATON, Dec. 20, 1870.

A. H. S.

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*Married.*—On the 30th November, 1870, by Rev. J. W. Mendenhall, A. M., of Medina, Ohio, A. L. MENDENHALL, M. D., of Granville, Indiana, to Miss Lou C., youngest daughter of William M. Smith, of Muncie, Indiana.



THE CINCINNATI  
LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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Vol. XIV.—FEBRUARY, 1871—No. 2.

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Original Communications.

*Art. 1.—Case of Resection at the Elbow after Complete  
Destruction of the Principal Artery Nerves and Vein.*

By T. CURTIS SMITH, M. D., Middleport, Ohio.

On the morning of October 6, 1870, Thomas Lloyd, aet. 22, while loading a double-barreled fowling piece, by accident received the entire contents of one barrel in his left arm. The charge consisted of a heavy load of shot and powder, with the necessary pasteboard wadding in common use. The muzzle of the piece was not more than four inches from the point of entrance of the charge, which took place at a point about half an inch in front of the extreme point of the olecranon process of the ulna, left arm, rather nearer the inner than the outer border of the arm. The process and upper inch of the ulna were shattered into innumer-

able fragments. The trochlear articular surface of the humerus was laid entirely bare and slightly bruised. The radio-humeral articulations were torn apart but not otherwise injured. That portion of the head of the radius that articulates with the ulna in the lesser sigmoid notch was torn off. The insertion of the biceps was left intact. The charge, passing on, took exit at the middle of the broad flat portion of the arm directly opposite the point of entrance. The soft tissues were fearfully lacerated. Spiculæ of bone, shot, and wadding driven in every direction, to which the burning of the powder added much to the frightful condition of the parts. The point of entrance was round and an inch in diameter; that of exit, of irregular diamond shape, about two by four inches. The ulnar nerve was evidently divided. The brachial artery, at its point of division into ulnar and radial, was evidently torn entirely off, with enough of the two latter to include the anterior and posterior ulnar recurrent and interosseous branches, and the radial recurrent. The median nerve and vein were also divided. The arm being in a semi-flexed position at the time the injury was received caused a far more extensive laceration of the soft tissues than would have occurred had the arm been extended. The injury was received at 8 A. M. I saw him at 2 P. M. He had been conveyed eight miles in a rough wagon, and in a very uncomfortable position, with nothing to revive him but cold water, and nothing to check the flow of blood but a few rags illy adapted in their application for that purpose. Found his pulse very feeble, 130 per minute; countenance blanched from loss of blood, and no signs of reaction. Placed him in a comfortable position in bed; applied warmth externally, and gave hot sling freely; after which I proceeded to examine the injury, which I found in the condition before described, except that I should here add, that the hand and forearm were quite cold and pale, with very imperfect sensation; could move the thumb and all the fingers, except the index, a little. My first impression was that amputation must be resorted to, but as reaction was not likely to be perfect for some hours, no operative interference could then be resorted to consistently. I therefore called Dr. A. C. Barlow, of Pomeroy, to my assistance in counsel for the purpose of helping to a positive decision in favor of either amputation or resection. Our best authorities pointed plainly to amputation in this and similar cases. Gross, being very decided on this, says: "No attempt should be made to save a limb when, in addition to

serious injury done to the integument, muscles or bones, its principal *artery, vein, or nerve* [italics are mine] has been extensively lacerated or violently contused, as the result will be likely to be gangrene, followed by death." (See p. 381, third edition.) It will be observed, in this case, that *all* the important structures, named by this celebrated authority were actually torn asunder. But, notwithstanding this very strong language here quoted, we find some encouragement to take a conservative step in similar cases. On page 497, of same edition, first volume, he says: "It is undoubtedly true that recovery from such lesions is by no means uncommon." But this only after premising that the subject shall be a young, robust individual of good constitution, not subject to any of the effects of an hereditary tendency to scrofula, tuberculosis, etc., and strictly with good general surroundings of an hygienic nature. All this our case possessed or could procure. He was not disposed to part with his limb for any consideration. All things considered, we decided to resect the elbow joint as soon as practical. Accordingly, at 8 A. M. on the 7th inst., I had the patient chloroformed, and with Dr. Barlow's kind assistance, removed the ulnar for its upper two inches, with the articular surface of the humerus and radius, with as much of muscular tissue as was devitalized, and numerous spiculæ of bone. Very little loss of blood; patient rallied well; placed him in bed, arm semi-flexed, palm looking to the face; the whole arm retained in situ by pads. Ordered water dressing, *warm*, to be freely used; the wound to be injected every few hours with a solution of carbolic acid, containing one drachm to eight ounces; the forearm to be kept warm by thick rolls of cotton, and external warmth. Gave morphia to allay pain and secure quietude. Also ordered: quinia sulph., grs. 1; tr. ferri chlor. gtts. xx., every six hours, with egg and whisky, and beef-essence at regular intervals. His residence was well-situated for the benefit of pure air which was well supplied. Strict cleanliness was carefully observed; dressings and paddings changed twice or thrice daily. Care was taken to secure good rest which was happily done by a 3ss. of chlor. hydrate. This treatment was continued throughout with very slight change. I should state that before operating the extremity had become warm and a little improved in sensation. The patient during the whole course of treatment continued to improve slowly and steadily, the only check being the necessity of removing a spiculæ of necrosed bone from the ulna on Novem-



ber 25th, at which time it was found that bony union had taken place between the radius and humerus, and slightly between the upper extremities of the two bones of the forearm. The attempt was made to secure union by fibro-cartilage, by giving the hand a sweep of several inches at nearly every dressing, but this utterly failed to prevent osseous union. After the patient recovered sufficient strength to arise and sit up, Kirkbride's elbow splint was used, which also permitted a free sweep of the hand.

At present date, December 28, 1870, there is excellent general health, free and perfect use of the shoulder joint, with partial but improving use of the wrist joint; also ability to flex and extend the fingers and thumb, with very little atrophy of the muscles of forearm; loss of pronation and supination except to a very limited extent. The chief points worthy of note are the very extensive laceration of the joint with its surrounding soft tissues, the joint being torn wide open. But most important of all, is the complete division of the principal artery with all the larger anastomosing branches, the vein and nerves, and still the limb so completely saved as to be of great utility to the possessor.

The question would very naturally arise: How could collateral circulation be established after complete division of the brachial artery, at its point of bifurcation, with also enough of the radial and ulnar arteries destroyed, to include the interosseous, anterior and posterior ulnar, recurrent and radial recurrent branches, at their several points of origin? It is a well-established fact that small lacerated arteries do not bleed. Now, these branches were effectually sealed where torn off by "their intercepted and coagulated contents," caused by their lacerated and bruised tunics; but their distal ends were left so far uninjured as to be able to convey the vital fluid throughout all their minute ramifying branches, thus completely and effectually establishing collateral circulation, without having anything more than a very remote connection with the principal artery below the point of injury.

**Art. II.—Tobacco in the Treatment of Hysteric Convulsions and Catalepsy.**

By A. J. MILES, M. D., Professor in Cincinnati Medical College.

The treatment of hysteric convulsions and catalepsy are so troublesome and perplexing to the physician, and the source of so much anxiety to the friends of the sufferers, that I have given considerable thought as to the means by which they might be more speedily controlled.

No observable lesion having been revealed by post-mortem examinations of hysteric cases, the fact is established that it is purely functional in character.

The causes of hysteria, in the majority of cases, is from uterine derangement, some from anemia and others from the emotional faculties, and also whatever produces the excitability of the nervous system may provoke paroxysmal attacks.

In all these cases there is local irritation of some part, followed by a secondary, or reflex action, which produces irritation of the motor nerves and contraction of muscular fiber, resulting in a variety of phenomena so resembling other and more dangerous forms of disease that diagnosis is rendered difficult. The simulation may assume the character of epilepsy, chorea, hydrophobia, coma, mania, strychnia poisoning, besides have every perversion of the functions of voluntary motion and muscular rigidity.

Remembering then that whatever may be the cause of hysteric convulsions and catalepsy, we have, as the result, irritation of the motor nerves and contraction of the voluntary muscles from *reflex* action.

In the treatment of these cases the reflex symptoms are first to be controlled before the cause can be reached, and for this purpose I have used tobacco with success, as the following cases show :

CASE I.—*January 30, 1869.*—At noon, I was sent for in great haste to see Mrs. D., aet twenty years ; German ; married ; previous health good. Her first symptoms commenced during the morning with pain and distress at the epigastrium, oppression of breathing, which soon resulted in great agitation of the system, followed by epileptiform convulsion.

I saw her soon after the first convulsive paroxysm. Her eyes had a fixed vacant stare ; threw her limbs about convulsively ; face flushed ; grits her teeth ; moans fearfully, or shrieks ; then the chest

heaves out, limbs thrown back rigidly; the next moment the body assumes that opisthotonic rigidity resembling poisoning by strychnia; this paroxysm gradually simulating a kind of delirious mania, which in turn was followed by a convulsive paroxysm of several moments' duration, and finally terminating in a condition resembling coma, in which she appeared unconscious; respiration hardly perceptible; surface cool; countenance calm and motionless, presenting the aspect of death.

In this condition I ordered her *vinum tabaci* ʒj. every half-hour or hour, until the system was relaxed and nausea induced. I returned in three hours (after she had taken three doses of the medicine), and found her completely relaxed, perspiring profusely, pulse slow and feeble, respiration much more natural, and perfectly conscious.

This relaxed condition continued until eight o'clock in the evening, when she drank a cup of tea, and slept well during the night.

*January 31.*—Had no return of the trouble; was feeling only weak and exhausted.

*February 1.*—Feels quite well; discharged.

CASE II.—*February 7, 1869.*—I was called to see Mrs. H., aet. thirty years, and found her having convulsive hysteria, similar in character and severity to the above case. I learned that she occasionally had such "spells," or attacks, which continued generally for several days, and often until all her neighbors were tired out nursing her.

I ordered her ʒj. *vinum tabaci* every half-hour, or hour, until the system was completely relaxed, which occurred in about two hours. She continued in this relaxed condition about twelve hours, and no return of the paroxysm, but a speedy convalescence.

CASE III.—*March 1, 1869.*—I was sent for to see Miss G., aet. thirty-five years; single; German. I found the patient lying on her back, in an opisthotonic condition; pulse almost imperceptible at the wrist; the beat of the heart so feeble it could scarcely be detected; the respiratory movements about three per minute, and so slight that the body was almost as motionless as a statue. The arms were stiff and pressed firmly on the bed, requiring considerable effort to raise them, but after being drawn up, would remain in any posture or attitude for a long time. Pulling the hair, or picking the surface with a pin, gave no signs of consciousness.

I learned from the previous history of the case that she had



occasional attacks of hysteria, occurring at her menstrual periods, and that twice previously had catalepsy, which continued for several days.

I prescribed *vinum tabaci* ℥j. every half-hour, or hour, until the muscular system was completely under its relaxing influence

I saw the patient again in three hours; she then had taken three doses of the medicine with the happiest results, for consciousness had returned; breathing yet slow, but more natural, with an occasional deep sigh; the pulse and action of the heart returning with more vigor; the muscular system completely relaxed; slight nausea, and the body bathed in perspiration. This relaxed condition continued several hours, during which, and after it had passed off, there was no return of the trouble, and she made a rapid recovery.

I could enumerate other cases similar to the above, but these are sufficient to show the prompt and efficient action of tobacco, in controlling, within a few hours, these troublesome affections that, without it, had previously, and might again continue for several days.

The rational of the action of tobacco is by direct irritation of the nerves of the *alimentary* canal, followed by muscular contraction, as evinced in vomiting and the peristaltic action of the bowels; besides this direct action, there is secondary or reflex action on the motor nerves, resulting in relaxation of the muscular fibers of animal life, and therefore overcoming the contraction that exists in these muscles during hysteric convulsions and catalepsy.

From the well-known relaxing effects of tobacco, it has been used to overcome spasmodic action, but from the loose manner of administration, which was generally by cataplasm, or a decoction by injection, having frequently produced death, has no doubt *prevented* a more frequent and general use.

But in the official U. S. *vinum tabaci*, we have a powerful remedy of which a definite dose can be given to effect the system without endangering life. And in my hands has permanently controlled the muscular contractions in hysteria and tetanus, as well as safe and efficient in the relief of convulsions in children.

**Art. III.—Hemorrhage from the Umbilicus.**

By Dr. WILLIAM STARK, M. D., Cincinnati.

Translated by HENRY ILLOWY, M. D.

Hemorrhage from the umbilicus has generally been regarded as dependant upon a morbid condition of the "*new-born*" infant. This, though correct in general, is, on the whole, incorrect, for Dr. A. Weber reports a case of umbilical hemorrhage occurring on the twenty-seventh day, and Grandidier one on the fifty-sixth day, and in both these cases the infants had certainly ceased to be "*new-born*." Other writers upon this disease, as Schneider Weber, report cases where the cord had withered, fallen off, and the navel entirely healed ere the hemorrhage occurred; Roger, however, asserts that it does not occur after the thirteenth day.

In regard to the bodily development of the infant, Prof. Weber has asserted that hemorrhage from the navel occurs only in puny, badly nourished, pale, and anæmic children. Although this form of hemorrhage may have been frequently observed in new-born children, of whom it might be said that they were ill nourished, it has certainly not been so in the majority of cases, since it has not been remarked and pointed out by the different writers. In the case coming under my own observation, the infant was of full term and well nourished. It may, therefore, be assumed that this is not an affection to which ill-nourished children alone are liable, and that, in fact, the corporeal condition of the infant, whether good or bad, has no influence at all upon its causation.

The hemorrhage from the umbilicus occurs generally soon after the falling off of the cord, an event most usually happening between the second and eleventh days, generally between the fourth and sixth days after birth. It is, however, not a necessary condition, for there are cases on record where it has occurred the cord being yet either firmly or loosely attached. Vezin (*Caspar's Quarterly*, 1855, vol. II., No. 2) observed a case of hemorrhage from a fat and well-ligated umbilical cord. Uhde (*Jahrb. der gesamt in end ausland. Medic.*, vol. 92, 313), treated a case, a strong, healthy infant, which had soon after delivery presented numerous ecchymoses on the temples, neck, and lower extremities; on the second day they spread considerably, and on the third day the

infant was found dead in bed—hemorrhage from the umbilical ring having occurred. Stienthal, in his article on Umbilical Hemorrhage, *Journal für Kinderkrankh.*, 1857, I. and II., asserts that probably through rough handling an umbilical hemorrhage might occur ere the cord had fallen off. He himself observed, in an infant born four weeks before term, on the fourth day, the umbilical cord having already withered, an intermittent hemorrhage from the umbilical ring at numerous points where the withered cord had become detached.

After the cord has fallen off there remains in the navel ring, at times, a depression; at others, a projecting and sore point; in neither of these cases can the orifices of vessels be detected.

From the fact that these ominous hemorrhages do not concur with the falling off of the cord, but some days after it, we may conclude as to their internal cause.

Though it has become highly probable that the hemorrhage comes from the two umbilical arteries, still no one has observed the blood to be thrown out in pulsations describing an arc; on the contrary, all observers are agreed upon it that the blood “oozes” forth from the umbilical surface. In the case coming under my observation, there was not an oozing forth from the whole umbilical surface, but the purple blood, presenting the appearance of a mixture of arterial and venous blood, streamed from one point only, without my being able, however, to detect any orifice, and continued to increase until the umbilical depression overflowed. Alfred Vogel (*Lehobuch über Kinder Krankheit, chap. Nabel*), experimented with the blood thrown out in umbilical hemorrhage. He caught it up in a watch glass, and allowed it to stand; he assures us that it took days and days ere it coagulated, and even then the fibrin coagula appeared loose and flaky. This proves that the blood thrown out in umbilical hemorrhage is of venous character, slightly mixed, however, with arterial blood. It seemed to me, in my case, on beholding the purple color mixed with bright red blood, as if the colors, purple and bright red, had been placed side by side.

Smith and Tourelle (*Jahrbuch der gesavunt, in end auslând Medic.*, vol. 87, p. 216), lay great stress upon the fact, as having some causative connection; that at times ere the occurrence of the hemorrhage, the whole body of the little one presents an icteroid appearance, and advise that this, because indicative of some derangement of the liver, be taken into consideration. The post-



mortem examinations, however, of infants, presenting such appearances who have died from hemorrhage of the umbilicus, have not disclosed any disorder of the liver; and more, it is not an uncommon occurrence that infants, during the first eight or ten days, present a yellowish tinge, especially if the surface has been unusually red in the first few days. I have never observed any yellow discoloration of the eyes, or other symptoms of disease of the liver, in infants having this icterus color of the whole surface, and, generally, discoloration has disappeared without medical interference. Dr. Werber, who has paid special attention to this subject, has also found that icterus and disease of the liver can not be regarded as the cause of umbilical hemorrhage. In eighty infants who died with this icterus appearance, Dr. Billard discovered congestion of the liver and other abdominal viscera only in fifty, and no evidence of disease of the liver in but two cases, the bile uncommonly dark and increased in quantity. Forty times, however, has he discovered congestion of the liver without the cases presenting the slightest trace of icterus. We may, therefore, safely assume that disorders of the liver are not the cause of these hemorrhages, and this the more so since, as may be inferred from what we have said above, the blood is not thrown out by the umbilical vein, and therefore by the portal system, but, on the contrary, is ejected by the umbilical arteries, and, consequently drawn from the arterial system, and that the remaining of the arterial system in its foetal condition is therefore to be regarded as the cause of these hemorrhages. On post-mortem sections of children, twelve to thirteen days old, Billard found at times the foetal orifice still open, and more particularly the foramen Botallii, through which the superfluous blood is diverted from the still imperfectly distended lungs, so as to permit of the gradual and regular perfection of the lesser blood circle, and the freer and more perfect penetration of the atmospheric air into the lung cells. In this light the remaining open of the foetal orifices must be regarded as a beneficial arrangement of nature. We would, therefore, from this aspect of things, have to seek the ultimate and real cause of the umbilical hemorrhage in the lungs, or more properly in the respiratory process, which, for the preservation of the life of the individual, has conditioned the more or less perfect continuance of the foetal state of the circulation. It will be exceedingly difficult, however, to discover just what internal conditions of the respiratory process have necessitated this con-

tinuance, since post-mortem examinations have not revealed any disorders or diseases of the lungs; nevertheless, imperfect innervation of the vagus or lymphaticus may have caused and maintained such a necessity, a condition the anatomist's knife can not disclose. This opinion is somewhat strengthened by the fact that the navel hemorrhage appears to be a sort of crisis. In support of this view, pathology furnishes analogies enough in which nature at times establishes a crisis to adjust certain pathological conditions, and which in spite of all remedies will, every now and then, cause the death of the patient.

*Pathological Anatomy.*—*Post-mortem* sections of children dying with umbilical hemorrhage have not yet furnished the material which we may nevertheless still most certainly expect. The condition of the umbilical arteries, umbilical veins, and so-called foetal orifices until the twelfth and thirteenth day after the birth, has been most clearly demonstrated, but what their state may have been in infants who were not attacked with the hemorrhage until the thirty-seventh or fifty-sixth day is wholly unknown.

Billard has, through many *post-mortem* sections, clearly demonstrated the state of the umbilical vessels and foetal foramina from the first to the eighth day. In twenty cases, he found the foramen ovale open in five and the ductus arteriosus in three, and while the umbilical arteries and veins were wholly impervious. He, therefore, believes that after the eighth day the foetal orifices are generally closed; although they may at times still be found open at this period. He himself has found them open as late as the twelfth and thirteenth days without observing any diseased conditions in consequence. M. Billard says further: "The foetal orifice in the heart does not close immediately after birth, and the time of its closure is not the same in all cases; generally this occurs between the eighth and tenth days. The umbilical arteries are the first to become impervious, while the umbilical veins and other foetal canals are still open."

It being once demonstrated that the foramen ovale may remain pervious for a period of time after birth, we may assume that in those cases in which the umbilical hemorrhage did not occur until the thirty-seventh or fifty-sixth day, this foramen has likewise remained open. With such a state of affairs we may further assume that the umbilical arteries, though already contracted and impervious, have again, through the continued pressure of the still venous blood from within outward, become widened, have returned to their

former permeable condition, and have broken through the cicatrices already partially formed on the navel. That arteries in general can be very much distended by the pressure of the blood is a fact too well known to need mention here, and, therefore, that the umbilical arteries, although once closed, should be liable to be again rendered permeable during the morbid continuance of the foetal state of the heart, maintained by conditions of the infantile organism which we are not always able to discover, need not appear strange.

M. Billard having anatomically demonstrated that the foetal foramen of the heart does not close before the twelfth or thirteenth day after birth, it is certain that until then the arterial blood can not be perfectly separated from the venous, and the more strongly marked will be the venous character of the blood thrown out in umbilical hemorrhages, the earlier that this occurs after birth. It is for this reason that most observers of this form of hemorrhage have described the blood as dark, thin, and of very slight coagulability, while in my case it appeared now of a purple, and again of bright red color.

From the fact that during operations veins do not bleed, and can not, because they receive no supply, but, on the contrary, like every other channel whose supply is cut off, collapse, and are gradually transformed into cords, I am forced to the assumption that the umbilical veins and the ductus venosus Arensii passively close, although for a time they may still be penetrable to a sound. I believe, however, they can not eject blood any more, because this would be contrary to the purpose they were intended for by nature, and to their hitherto effectiveness in promoting the development of the child. We, therefore, need not trouble ourselves further with the question whether the umbilical hemorrhage ensues from the veins or not. \*It is quite different, however, with the arteries; they are the only vessels, I believe, from which umbilical hemorrhage can ensue. Their physiological importance speaks strongly for this assumption. As is well known it was their function in the foetal organism to return the blood that had been used to the placenta for oxygenation, and this centrifugal function they will perform so long as the inner organization of the child, and especially the heart, will maintain its foetal charac-

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\*Tourelle asserts that it ensues only from the veins, "whether in umbilical hemorrhage of the infant the blood be thrown out by the veins or arteries."



ter through non-closure of the foetal canal and foramina. If the process of closing is not interfered with by any morbid action, and which, before all things, we would have to seek in the respiratory process, the arteries will contract more and more until at last, like the veins, they are converted into fibrous cords. If, however, from whatsoever cause, the heart continue to maintain its foetal form, it is probable that the umbilical arteries, after the falling off of the cord, and even after the umbilicus has perfectly healed, will not reach that perfectly contracted state until the heart will have laid off its foetal character to the extent that the sound organism requires for its future happy development; and since with the continuance of the foetal state of the heart, the whole blood must have a more or less foetal character with slight coagulability, it is also not improbable that the whole infantile organism will be of rather feeble constitution, without energy, without contractility, a condition which will naturally manifest itself in a feebler, abnormal, contractile power of the umbilical arteries, and will favor the occurrence of hemorrhage. Should the blood appear, however, of a decided and well marked venous character the presence of ecchymoses on the body of the child need not surprise us. Even so little need it be a matter of surprise if we refer the assumption, of many authors, as Smith, Grandidier, Steinthal, Uhde, Werber, Vogel, of the existence of a hemorrhagic diathesis, a dissolution of the blood, a blood dyscrasia, as a cause of these umbilical hemorrhages, to the venous character of the whole mass of blood.

*Treatment.*—The treatment of umbilical hemorrhage has up to this time been an unsafe and uncertain one, and the prognosis has, therefore, almost always been a very unfavorable one. As a rule, the local application of styptics, with compression, has been abandoned and recourse had to surgical procedures. Dr. C. E. Buchuer recommends that the bleeding vessels be closed by torsion, and if they be too deep that they be laid bare by incising and then ligated. Paul Dubois, and others, again recommend, as the most certain means of arresting umbilical hemorrhage, that the bleeding umbilicus be transfixed with two needles crossing each other, and a thread wound around the needles in figure of 8 form.

Although all modern European writers upon this subject have recommended, and many of them practiced, this operation of Dubois, there still are grave doubts in my mind as to its propriety,

since the results obtained with it are decidedly unfavorable to it. In the latest literature upon this subject, Hagen mentions three cases of umbilical hemorrhage, two of which were operated upon and died from hemorrhage through the apertures made by the needles; the third died without any operation; Vogel, one case, operated, fatal from hemorrhage through apertures made by the needles; König, one case, operated, fatal from same cause. From this small array of statistics, according to which all children operated upon died from hemorrhage through the apertures made by the needles, even should the successful cases become known, there will probably occur to the minds of the profession weightier reasons against this operative procedure than the theoretical ones that I now beg leave to lay before them for their kind consideration.

*First.* Let us look at the condition of things. The blood in the infant of a few days' old is still of purple color, decidedly venous in character, and very poor in fibrin, in consequence of a not perfectly normal preparation through the more or less perfect continuation of the foetal state of the circulation in the lesser blood circle, and if insisted upon favored with a hemorrhagic diathesis. It follows necessarily that with this state of things, even the slightest injury, may give rise to the severest hemorrhage. We may, therefore, conclude *a priori* that M. P. Dubois has not made a happy hit with his recommendation to transfix the bleeding navel, a process by which a fourfold injury is caused to the parts concerned, besides that this operative procedure causes the tender infant continued pain, a feeling of tension and uneasiness, and makes it cry, which in the still foetal form of the respiratory organs will increase the outward pressure of the blood, and thereby increase the danger of secondary hemorrhage, not taking into consideration that the continued uneasiness and pain would soon exhaust the feeble powers of the infant.

*Second.* The operation may give rise to the formation of pus, and the foetal vein being still permeable, we may have the pus absorbed and hectic fever and all the other consequences of pyæmic infection ensuing. The needles, according to the directions of the operator (M. Dubois), are allowed to remain until the scab formed comes away itself.

*Lastly.* Looking to the physiological condition of the new-born infant, particularly of those suffering from navel hemorrhage, and we find a feebleness and a lack of energy in the external and in-

ternal parts of the little organism, especially feebleness in the vitality of the blood, and lack of energy in the canals carrying it. In diseased conditions, we meet this condition with invigorating and energy-increasing remedies.

In the case coming under my observation, I recognized only one indication, "the arrest of the hemorrhage," since it did not lay within my knowledge how to correct the continuation of the foetal circulation in the lesser circle. To meet this one indication, the highly valued liq. ferri muriat. oxydat. so often successfully employed in other hemorrhagic conditions, seemed to me the most proper remedy.

It is not, in my humble opinion, styptics alone that are required in these cases, so as to contract the orifices of the bleeding vessels, but the pressure of the blood from within outward must be met by an equal pressure from without inwards, and this whole indication, I believe, I have met with the liq. ferri, in connection with the method, I have successfully applied in my case, and which I will now fully describe.

In the evening of April 19, 1870, a day laborer, Mr. G., called at my office and stated that his son, only eight days old, was bleeding from the navel, and requested me to prescribe something that would arrest the hemorrhage. The cord had withered and fallen off on the sixth day. He also stated that otherwise the child seemed to be in good condition. I ordered gum kino colophon, alumen, equal parts, and advised that it be dusted in considerable quantity on the navel, previously wiping off the blood and carefully drying it; also that a cloth, folded several times, be applied over the umbilicus, and the whole retained in place by a bandage, and to renew the application of the mixture and bandage in case the hemorrhage should recur. For twenty-four hours the hemorrhage was arrested by these means, but then returned with such severity that Mr. G. called for me, and requested me to call and see his child. Providing myself with some liq. ferri sesqui-chlorid. charpie and adhesive plaster, I went to the house and found the infant well nourished, not at all pale, and not the slightest tinge of icterus. Having prepared everything for immediate application, I carefully removed the blood-stained bandages, having softened them with warm water, from the abdomen. There was no bleeding, and the child lay perfectly quiet. On removing the last bandage, however, hemorrhage occurred. The blood of a purple color, with a slight admixture of bright red, gushed forth from a depression



in the umbilicus; the small drops grew to large ones, and soon the depression overflowed; I wiped away the blood, but could not discover the orifices of any vessels; taking a small ball of charpie, I dipped it in cold water, and pressed it firmly over the umbilicus; the bleeding was arrested, and I gained time to wash the abdomen of the dried blood; the child continued perfectly quiet; I then rapidly made four charpie balls, varying in size between a pea and a walnut, took the smallest, saturated it with the liq. ferri, and having removed the previous one, fixed it firmly over the umbilicus; then saturating the one next in size, applied it over the first; the umbilical depression was now more than filled; the two remaining balls, similarly saturated, were in like manner applied; the whole projecting considerably over the plane of the abdomen; I purposely chose four separate balls, so that in case of active or passive movements by the child, the motion might not be directly communicated to the one immediately over the navel; over these balls I applied a properly incised adhesive plaster, and fixed it tightly; taking another strip of adhesive plaster of about an inch in width, I fixed it to the back, and then drawing both ends firmly forward, crossed them over the adhesive plaster first applied in the niveau of the umbilical depression, so that they exercised a firm pressure over the charpie; above and below this last piece, and covering it about one-half, I applied two other strips of adhesive plaster, fixed at the back and extending forward, drawn with equal tightness; all this not at all interfering with the liver; for greater security, I surrounded the whole with a roller bandage and secured it with stiches. During the whole bandaging process, which was done as rapidly as possible, there was no bleeding; the child also lay perfectly quiet, from which I infer that the liq. ferri caused it no pain; the mother then put it to the breast, where it sucked, and, finally fell asleep. I left with orders to call me instantly, should the hemorrhage recur; also advised the mother to keep the child as quiet as possible, and to keep it from crying as far as lay in her power. The hemorrhage not recurring, and the child continuing well, all functions being normally performed, I allowed the bandage to remain for a week; on taking it off at the expiration of that time I found but very little dried blood on the ball directly over the navel, and the larger ones and adhesive strips perfectly free from it. The umbilicus being only partially cicatrized, I re-applied the balls, saturated as before with the liq. ferri sesquichlorid. and the bandages, and allowed the whole to remain for a

second week, the infant not manifesting, during the whole time, the slightest indication of organic disturbance. On removing the bandage after seven days, the balls were found perfectly free from all dried blood, and the umbilicus entirely healed.

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***Art. IV.—A Case of Severe Injury of the Head with Fracture of the Skull—Speedy Recovery, etc.***

By O. C. GIBBS, M. D., Frewsburg, New York.

In May, 1867, I was called in to an adjoining town to see a case in consultation, with request to bring instruments for trephining. As I was a couple of miles from home when the messenger came, and the patient lived some ten miles from my residence, there was, of course, considerable delay in my reaching him. I found the patient in bed in a profound comatose state and breathing stertorously. The frequency of the pulse and respiration I do not now remember, as I kept no notes of the case.

The history of the case was, that while pulling very large pine stumps with a powerful lever purchase—which machine and its capacity of power I can not explain to those who never saw one of them, and to those who have any explanation would be entirely superfluous—the chain broke, and a broken link or hook hit him in the anterior inferior portion of the left parietal bone, making a severe flesh wound, not unlike that produced by a fragment of shell. The skull was fractured both in its outer and inner tables.

There were two physicians in attendance, and had been from the first; but, conceding in opinion that nothing short of trephining could save the life of the patient, and neither feeling competent to the operation, I was sent for. To differ from them in opinion, disappoint their and the family's expectations, without reflecting upon the judgment of the attending physicians, was a delicate and difficult undertaking. It would have been much easier to have operated. I undertook it by informing them and the family that there was no immediate danger of death—trephining was always a dangerous operation—it might become necessary, but, if other means failed, it could as well, and perhaps even more safely, be resorted to when death became imminent.

It was much easier to get the acquiescence of the attending physicians than of the wife of the patient. He should be trephined then or not at all. She sent for me to trephine him, she said, and I *should do it*, or I might go home, and she would send for some one who would. I informed the lady that no tears or entreaties could induce me, in such a case, to do other than what my judgment dictated as the best for the patient.

Through the urgent interposition of her family physician, I was not discharged and another surgeon sent for.

The surgeon she proposed to send for was one who had causelessly worked himself up into a chronic state of enmity toward me, and, had he come, would have operated for two reasons: 1st, for the sake of differing with me in opinion, utterly careless of results of the operation; and, 2d, for the sake of the extra pay incident to an operation over more simple treatment. I am sorry this can be truthfully said of any professional brother. But I presume there are but few physicians or surgeons in any considerable village or city that has practiced his profession twenty years but has seen similar unworthy members that had much greater solicitude to kill, professionally, the attending physician than to physically cure the patient. But this is irrelevant, and we will now return to the case.

On a careful examination of the wound and fracture, I found several fragments of bone, mostly of the inner table. All of these were very carefully detached and removed with forceps, and with an elevator the surrounding depressed portions of bone were carefully elevated. In this latter operation I had the extreme satisfaction of seeing him begin to show signs of pain and distress by restlessness and reaching up to his head as though to remove the source of annoyance. He also groaned and talked a little, though quite incoherently. Waiting awhile, for the purpose of watching the effects of what had been done, I was sure I saw a gradual increase of consciousness. I now trimmed the ragged edges of the wound, and brought the scalp together and fastened with sutures. Cold water dressings and a firm bandage completed the dressing.

On leaving the patient I advised that one of the attending physicians stay with him through the night, and that he be closely watched for two or three days, and if any unfavorable symptoms occurred that I be at once notified.

I heard no more of the case for two months, when, on seeing



one of the attending physicians, he informed me that consciousness gradually and steadily returned, and recovery took place without a bad symptom and without suppuration. I saw the patient but a few days since, and, for aught I could see, he was as well as though no accident had happened.

I should have stated that the patient was a farmer, and about fifty years of age.

I think this man's chances for recovery would have been greatly diminished by trephining. To bore an inch or inch and a half hole through a man's skull is no trifling affair, even in health, and if pressure upon the brain, caused by fracture, can be relieved by any other means, it is better both for the present and the future.

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*Physiological Effects of Carbonic Oxide.*—I accidentally respired, some time ago, a quantity of pure carbonic oxide. The gas was contained in a quart bottle, from which I inhaled certainly less than a pint—probably a quantity not exceeding a gill—into my lungs, previously exhausted through expiration of atmospheric air. For a moment no change of mental impressions or of bodily feelings was noticeable. The next, without any intermediate condition, I was struck senseless to the floor. Fortunately the bystanders rushed immediately forward, tore open my clothing, poured water upon my wrists and head, and applied violent friction to my limbs. The pulse had stopped beating, or beat so feebly that in the agitation of the moment it was imperceptible; the chest had ceased to expand and contract; the complexion had assumed the livid hue of death, and the temperature of the body was rapidly failing. The operation of the carbonic oxide was so immediate as to prevent the lungs from throwing off the single charge they had received, and the shock arising from the remedies employed probably enabled them to do so. A slight nausea, which passed off in the course of a few hours, and a dullness and oppression in the crown of the head, lasting some time longer, were the only effects which remained after restoration to consciousness.—*Prof. A. R. Leeds, of Philadelphia, in Medical Times.*

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

WM. CARSON, M. D., PRES'T.

JAS. T. WHITTAKER, M. D., SEC'Y.

*Dr. B. F. Miller* presents a specimen of leg, lower third and foot amputated for compound dislocation of the ankle joint, caused by a wrench in stepping on a rope. The accident occurred in April in New Orleans, and, according to the statement of the patient, the luxation was reduced. This was, however, in all probability, not the case, as on his arrival in Cincinnati, some weeks after, inflammation was very high; on this account no attempt at reduction was undertaken. Efforts were made upon the subsidence of inflammation a few weeks after, but were entirely unsuccessful. The patient then left the hospital, and remained away until two weeks ago, when he returned with necrosed bone, the complete dislocation being fully apparent. The limb was then amputated. The specimen shows the position of the bones in complete luxation; the tibia is entirely thrown off from its articulation, and the fibula is fractured about two inches above its malleolar attachment. The astragalus is rotated upon the os calcis. The fibula has again united, but shows a carious point which communicates with the exterior. There is great expansion of bony surface. The specimen is interesting in displaying the character of the lesion in Pott's fracture, which differs only in not being attended with the destruction of the soft parts. The arch of the foot is markedly increased.

*Dr. Dawson* remarks on the resemblance it bears to Pott's fracture, as usually described, viz: a fracture of the fibula above the articulation, and of the tibia above the malleolus, caused by the great strength of the deltoid ligament. Pott himself described a rupture of the deltoid ligament, and dislocation of the tibia, with fracture of the fibula. When the ligaments are ruptured, all attempts at reduction are futile, because the support of the fibula is lost. Hence it was possible, in this case, that the fracture was reduced at the time, but returned to its abnormal

condition. These are just the cases which lead to suits for malpractice.

*Dr. Gobrecht* inquires whether, upon close examination, there was really any separation of the astragalus from the os calcis ; or, if it was not only apparent from the dislocation of the second row of tarsal bones from the first. The union between the astragalus and calcis is affected by the strongest interosseous ligament of the body, and the force requisite for its rupture must be perfectly terrific.

*Dr. Miller* answers, that he believes there is some separation between the two tarsal rows, but thinks if *Dr. Gobrecht* will examine the specimen he will agree with the speaker that the astragalus is not in its relative plane with the calcis.

#### DISEASES OF WOMEN.

*Dr. Palmer*, from the committee on this section, reported that some time ago a vulvar pad was referred to the section for examination and report. The design of the pad is to secure perfect contact of the injected fluid with every part of the vaginal wall. The report characterizes the theory as good, but the practice not entirely devoid of danger of penetrating the uterus, and consequent distention.

Next he discussed some points in the local treatment of endometritis. To secure efficacy, the prime consideration is to have a clean surface for application. The plan of *Byford*, by the swab and suction tube, and that of *Nott*, by the double canula, are detailed with the objections to which each is subject. The most thorough application is secured by a modification of *Patton's* urethral reflux tube of the author's design : a silver tube 7 to 8½ inches long is adapted to an accurately fitting syringe of one-half ounce capacity ; the bars of the tube are reduced from six to four ; the cup is perforated by nine extra-minute orifices ; the accurate working of the syringe prevents the admission of air, and the open side bars secure full reflux, and thus render accumulation and distention of the uterine cavity impossible ; moreover, the syringe may be refilled, if necessary, by simple detachment of the instrument without withdrawing the canula.

Most cases of endometritis are characterized by marked enlargement of the uterine cavity, and its walls are generally covered with blood, mucus, epithelium, etc., so that an injection without preliminary removal of these substances does not reach the



diseased surface. It has been found that salt water—one grain to the ounce, at a temperature of  $98^{\circ}$ —most nearly resembles the natural secretion, not only of the vagina and uterus, but of the eye, pharynx, peritoneum, etc. With a solution of this strength the author has treated six patients, one alone receiving eighteen injections. In no case was the pain greater than that attending the introduction of the sound. The safest method of cleaning the surface is by the probe and cotton; after thorough cleaning, the two agents most recommended are Churchill's tinct. of iodine and dilute carbolie acid. Whatever be the remedy employed, the canula is a safe and ready means; the susceptibility of the uterine surface is to be carefully tested, and the patient after the injection carefully watched.

The report closed with a description of the safer of the various remedies used; an injunction against the careless use of any, and the manual dexterity which is always necessary. In the hands of those not possessed of this delicacy of manipulation, as Peaslee remarks, "Injections are always dangerous." It is a fact that intra-uterine medication is gaining ground, notwithstanding its opposition by eminent authorities.

*Dr. Dawson* inquires, if the use of this canula requires an assistant? If a speculum be employed, what form is used? For himself, he was never able to introduce a tent without drawing down the uterus, and fixing it with forceps, as it always otherwise ascended.

*Dr. Palmer* replies, that he only uses the glass speculum for cervical medication. For intra-uterine treatment he always uses the quadrivalve, as it throws the uterus into its proper axis, overcoming any accidental retroversion present.

*Dr. Orr* remarks, in regard to the vulvar pad referred to, that it was only intended for vaginal medication, not intra-uterine; and it was not necessary to use such force as to enter the uterus to secure thorough detention of the vagina. He himself had employed it with great benefit in several cases, and it is now being used in the Hospital.

*Dr. Gobrecht* mentions a self-retaining speculum, fastened at the pubes. He has always found Miller's speculum the most convenient for applications to the cervix.

*Dr. Dawson* desires to bear testimony to the value of Patton's urethral canula. A most exceedingly obstinate case of gonorrhea, of several years' duration, and throughout defiant of all remedies,

yielded quite promptly and permanently to injections with this instrument.

*Dr. Conner* mentions a reflux tube devised by *Autenreith* (of this city); a tube with a bulb on its distal extremity, perforated at the neck of the bulb by a row of minute orifices. It can be used with the ordinary or with *Davidson's* syringe.

*Dr. Whittaker* speaks of the great value of carbolic acid in the treatment of obstinate leucorrhœa. The application is made upon the cotton-wrapped sound. The sound, so enveloped, is first introduced and the uterine surface cleansed; a new layer of cotton is substituted, medicated by immersion in a solution of proper strength, and applied to every portion of the uterine cavity. Three cases have been thus treated with perfect success.

#### PHYSIOLOGY OF DIGESTION.

*Dr. Whittaker* presented some specimens of gastric juice and its action, obtained from a dog, which is also presented.

The speaker deprecates any attempt at instruction in matters with which every physician has been rendered familiar in his student life. The perfect success which has attended the operation, and the facility with which the pure secretion is collected, has tempted him to bring the subject before the Academy.

The operation is performed after the manner of *Blondlot*, who was the first to discover its almost immunity from danger in the dog, and to avail himself of the secretion for experiments out of the body.

It is now ten days since the canula was inserted before the class of the Medical College of Ohio, and the dog is in condition of nearly perfect health. It seems strange enough now, that only a century and a quarter ago the idea still prevailed that cardiac digestion was of purely mechanical nature, that the reduction of alimentary material was effected simply by trituration. It was only after the well-known experiments of inserting hollow perforated spheres filled with digestible material into the cavity of the stomach, and observing them pass empty per anum, that chemical action was acknowledged. The accident resulting in gastric fistula, in the case of the celebrated *Alexis St. Martin* and *Blondlot's* numerous experiments on dogs, have not only established the fact of a secretion, but also its definite action upon definite articles of food. Moreover, the simplicity of the operation places the means of study in the hands of even the tyro in physiology.

[The dog, previously fed, was then presented, the stopper of the canula removed, and the secretion collected. A detailed description of the juice, its properties, composition, and peculiar action followed. Specimens of albumenoid digestion were next exhibited. To show the necessity of both an acid and organic principle, the well-known experiment of the three cubes of albumen—the one in pure juice, one in juice where pepsin had been destroyed by heat, and one in juice where acid had been neutralized—was next presented. A bisected boiled egg with yolk removed, and its cavity filled with juice, showed in the erosions of the albumen the action of the juice. A specimen of pepsin precipitated by alcohol, and another prepared by Grimaud, were also presented. As an argument against the immunity of attack of the gastric mucus membrane by the “living principle” of Hunter, a doctrine long since overthrown, a specimen is shown of *tænia serrata* found dead in the stomach of another dog killed during digestion. The dog had in all probability ingested the *cysticercus pisiformis* of the rat or rabbit; this had developed into the *tænia* in the intestine, found its way into the stomach, and was there promptly killed, and would have been digested had not the whole process been checked by death.]

The speaker concludes by giving the discussion of the peculiar acid in the stomach, remarking that though the bulk of evidence was in favor of the lactic, the researches of Villefranche, Bernard, and others in exhibiting that no particular acid was necessary, merely a certain acidity, had deprived the subject of the interest which once invested it.

#### PATHOLOGICAL..

*Dr. Carson* exhibits specimens from an individual of 70 years of age, viz: the bladder, the kidneys, and an enlarged prostate. The bladder distended shows diphtheritic exudation upon its mucus membrane, secondary to intestinal irritation. In places the epithelium is denuded. The same inflammation is also present in the pelvis of the kidney. Patient was a drinker, and suffered often with retention of urine, dying with symptoms of uræmia. The kidneys display abundant abscesses.

Also presented the kidneys, heart, and spleen of a colored woman of 60 years of age. The uneven, nodulated surface of the kidney is caused by the presence of ten or twelve cysts in their interior; the two largest weighed  $3\frac{1}{2}$  and  $2\frac{1}{2}$  ounces; the spleen is unusually small and firm. The heart is in the condition of marked hyper-



trophy. Of 506 cases of granular kidney reported by Carneal, this cardiac hypertrophy was present in 177, while in 93 of these there was no valvular lesion.

Specimens of the kidney under the microscope exhibit the lesion of granular degeneration in marked degree.

It is remarked by *Dr. Carson*, that the microscopic specimens are prepared by freezing with snow and salt. The advantages of this method over every other are briefly mentioned.

*Dr. Gobrecht* suggests that this is also the best method for making sections of any complex organ; as, for instance, the eye, whenever a tissue is very flexible, it is difficult to make their sections in any other way.

*Dr. Whittaker* mentions, also, the additional advantage of the maintenance of the relative position; as, for instance, in establishing the exact location of an organ. Thus, *Perigoff*, of Russia, has recently published a collection of plates taken from sections of the whole body frozen solid. The accurate position of the heart, uterus, etc., had thus been denoted.

*Dr. A. M. Brown* presented a specimen of carcinoma of the pancreas, implicating other abdominal organs. The spleen is much enlarged, the stomach displaced, but neither involved; other organs affected not by contiguity, but diathesis. Patient's history very unsatisfactory. Had had intermittent fever and secondary syphilis; was at one time somewhat jaundiced, but not to any great extent. In the cavity of the abdomen about half a bucket full of fluid was found, and in the pelvis half a pint of clotted blood, whose origin could not be traced. In answer to questions from different members, there was no aversion to fatty food, no fatty diarrhœa, but little obstruction at the pyloric orifice.

*Dr. Whittaker* exhibited a specimen of a heart, illustrative of the degenerative cardiac lesions in the aged. The specimen displayed marked fatty degeneration, immense enlargement, and abundant concretions on the mitral and aortic valves. The condition confirmed accurately the increased dullness, the intermittent pulse, the œdema of the limbs, and the mitral bruit observed during life. There was no bruit at the base, for the reason that the mineral depositions were upon the outside of the valves and offered no obstruction. The valves being still very flexible, and the sinuses of Valsalva very much dilated, there was permitted no regurgitation. A sudden discoloration and œdema of the right side of the face, noticed a few days before death, was attributed

to an embolism of the right facial artery. The death itself, as prefaced by complete left hemiplegia and semi-coma, owed its immediate cause in all probability to embolism of the right middle cerebral.

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### LOGAN COUNTY MEDICAL SOCIETY.

B. S. BROWN, M. D., PRES'T.

T. S. WRIGHT, M. D., SEC'Y.

The Society met in Bellefontaine, January 11th, the President, Dr. Brown, in the chair. The subject for consideration was *Scarlatina*.

*Dr. W. D. Scarff* read the following paper :

The approach of epidemic scarlatina with its well-known fatality at once excites apprehension in the minds of intelligent physicians, and no less emotion and anxiety on the part of a community who are the recipients of the unwelcome visitor. A disease that is so fearful in its ravages, and one so liable at any time to appear in our midst, is a subject of interest to conscientious men whose calling and whose duty it is to curb disease, sooth suffering, and save if possible the lives of their fellow beings.

With those general remarks, as a prelude to the subject, we may inquire what is the nature or character of the disease in the present state of our knowledge.

It is now generally conceded to be the result of a specific miasm or contagion, always the same in essence, but not always the same in manifestation; attacking some in a most violent form, and others, even in the same family, in the slightest possible manner, but often deceptive in the extreme, and mostly insidious in its progress.

The first effect is perhaps upon the circulatory system, for it is emphatically a blood poison, capable of affecting in some way or other the constituent elements of that fluid, and I am persuaded that, in some cases, the almost total disorganization of the blood.

From the heat of surface and frequency of pulse in some violent attacks, it would appear that some internal chemical process were going on sufficient to remodel and disorganize the whole sanguiferous system.

From the extreme frequency of the pulse alone, we are often

able to form a correct diagnosis without the aid of other symptoms. Under this state of excitement various internal organs are congested and inflammation of some of the tissues supervene, which, if the patient survive the shock, end in abscesses, followed by suppurative discharges, which often result in the partial destruction of sight or hearing.

When the disease is malignant, the pulse is still more rapid; there is commonly delirium and restlessness; these symptoms in the beginning announce a malignant scarlet fever, and it almost always kills with fearful rapidity. I have known children in previous good health to die within twenty-four hours from the commencement of the attack.

Fortunately, a great majority of cases, even in the worst forms of the epidemic, are not so violent in the commencement, and the progress of the disease is more gradual at least, if not less fatal in its results, and thus opportunity is afforded for the effects of remedies, even if the powers of nature must succumb at last.

"Generally speaking, in those cases that die early in the disease there are no lesions of any kind perceivable that can explain the result."

As no organic changes are discoverable to account for the sudden dissolution, it is not likely that hidden congestions or the destruction of any tissue resulting from inflammatory action, from which death in so short a time would ensue, in those who die in the first onset of the disease. Then, how are we to account for the destruction of life by this disease upon any other principle than by disintegration of the blood from some specific poison, until it fails to vitalize the various structures in the entire animal economy, resulting in death from functional failure without organic lesions.

*Treatment.*—In the treatment of epidemic scarlatina we have to grope our way through much uncertainty.

The disease is essentially the same everywhere, and with all that has been gathered from observation and experience for ages, and all that has been said or written on both sides of the water to throw light upon the subject, we are to-day without the ability to treat it much more successfully than our fathers were one hundred years ago. In treatment we must depend much upon the *Vis Medicatrix Naturæ*, and I am of the opinion that there are but few known remedies that are beneficial in this disease. In regard to certain remedies I may be at variance with some of my professional brethren. In all cases the hydr. sub. mur. is contra-



indicated from beginning to end. Neither do I approve of active purgation, though mild laxatives are beneficial, and open bowels are necessary through the entire course.

First and foremost, a mild but active emetic is more likely to give present relief, and modify the future course of the disease than any other means with which we are familiar, but the value of this remedy is confined mainly to the beginning or early stages of the malady.

To allay arterial excitement the *verat. viride* is of value, but its beneficial effects are confined to a limited period; in the latter stages it acts as a depressing agent rather than as a curative remedy.

As a constitutional remedy, I am favorably impressed with the chlorate of potassa; its supposed power of imparting a bright scarlet color to venous blood with its refrigerant, diuretic, and antiseptic effects, fit it for the fulfillment of several very desirable indications.

In solution it is both safe and convenient, and may, in my opinion, be administered every few hours with benefit throughout the entire disease. In the use of external applications there is perhaps nothing equal to effusions of cold water, particularly at an early period of the disease. When the skin is hot and dry, heart fluttering, and general nervous disturbance threatening convulsions, the application of cold water, by sponging the face and body, will often calm the excitement, reduce the pulse, and tend to diaphoresis, with general improvement in all the symptoms, with more certainty than any other means at our command.

The use of gargles, acidulated drinks, and certain stimulants, such as the carb. amon., are adjuncts that are sometimes beneficial and ought not to be neglected.

Having practiced in this locality for more than twenty-five years, I have witnessed several epidemics of scarlatina, and have tested most of the remedies that have found favor with the profession in general, but among them there are no specifics; the disease will run its course as certainly as small-pox or measles, and the attempt to cut it short by any direct medication will surely end in disappointment.

The remedial management, then, will consist in relieving the urgent symptoms and sustaining the vital energies until the poison has spent its force, and in directing the disease, if possible, to a favorable terminus. To this end the means indicated in this

brief outline, according to my observations and experience, are the most efficient and reliable, and may be administered in all cases with safety, and, in such as are amenable to treatment, with reasonable hope of success.

The members entered quite freely into a general discussion of the disease and its treatment.

*Drs. Blizzard and Crow* were appointed essayists for next meeting in February.

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## RHODE ISLAND MEDICAL SOCIETY.

### ALCOHOL AS A MEDICINE.

The quarterly meeting of the Rhode Island Medical Society was held in the Library Hall of the Rhode Island Hospital, on Eddy street, on Wednesday, December 21st. Dr. L. F. C. Garvin read an essay upon "Alcohol considered as a Medicine and a Nutriment."

Dr. Garvin stated, as the result of his experience in practice, that it was rarely beneficial to his patients, that it could not be considered a food, and that it simply arrested a waste of the tissues. He thought it could be classed with other poisonous drugs, and its sale restricted, like those, to druggists and apothecaries, and that it was the duty of every conscientious physician to teach the young that it was a potent poison; and to seek to banish its use from the homes he was called to visit. It was an able paper, and a strong argument against the use of alcohol as a remedy for any disease.

A lengthy discussion followed, after which Dr. Ariel Ballou, of Woonsocket, read a paper entitled "Recollections of Scarlatina as presented in a practice of 38 years."

In it he gave an account of his experience with scarlatina as an epidemic since 1832, the progress of the disease, and the various changes in medical treatment of it up to the present time. Remarks, relative to the former treatment of scarlatina as compared with the present, were made, after the reading of Dr. B.'s paper, by Drs. Arnold, Carpenter, and Capron. The Society then adjourned.

On re-assembling, Dr. Charles O'Leary, of Providence, delivered an address on "The Claims of Clinical Medicine to be ranked as an independent Science." The thanks of the Society were extended

to Dr. O'Leary for his able address, and it was voted that it should be published.

Dr. Clapp, of Pawtucket, then read a paper on "Popliteal Aneurism," and illustrated it with a detailed account of a case which occurred in his practice. Miss A. E. Tyng, a practicing physician, made an application to the censors for admission as a member, which was referred to the society for action. After some discussion, the ballot was taken and it was voted not to admit her.—*Boston Medical and Surgical Journal*.

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#### WAYNE COUNTY (MICHIGAN) MEDICAL SOCIETY.

The president announced that the subject for discussion was the feeding of infants, and was to be introduced by Dr. Morse Stewart.

Dr. Stewart, in opening the discussion said: "Undoubtedly the best nourishment for the new-born infant, up to the end of the first year of its life, is the milk of a young and healthy woman. But mothers are sometimes unable to suckle their infants from accidental causes, as the milk drying up from cause of fever, abscess of the mammæ, sore nipples, etc., and from diseases, as consumption, scrofula, syphilis, etc.; or from incompatibility of temper, or irascibility. Not all women having youth, health, and otherwise a favorable aspect, are suitable wet nurses. It sometimes happens that the milk of a woman is indigestible to a degree not to be tolerated by the delicate stomach of a baby. While as a rule the milk of the wet nurse should be fresh, her child not being more than two months older than the one she essays to nurse, yet, is it not unusual in its application?

If the child is apparently well nourished, it should be confined entirely to the breast milk until dentition is somewhat advanced, after which the addition of cow's milk, with rice, flour, tapioca, arrow-root, or rolled crackers, once or twice a day, will be proper. And when still older, beef and mutton broth lightly prepared, or roasted potatoes with cream, will be a suitable diet—always bearing in mind not to use too great a variety at one time, and to proceed cautiously in the changes and additions. Solid animal food should be given sparingly, if at all, until after the first dentition.

When the supply of the wet nurse is scanty, or the child, from



any cause has been altogether removed from the breast, some kind of milk is undoubtedly the best substitute for the natural nourishment. All things considered, that of the cow is best, as being more easily attainable to all; but it should be, if possible, uniformly *from one cow*, and freshly drawn, so as to contain unseparated the full quota of cream. Great care is necessary in the preparation to avoid acidity. As to the mode of administration the nursing bottle is preferable, as approximating more nearly to the natural way of receiving nourishment. The various articles in common use under the name of panada, pap, gruel, etc., should be allowed, if at all, with exceeding caution. It is a matter of the first importance to prevent irritation of the digestive apparatus in an infant; and to this end any plan, system, or article of diet which disagrees, must be promptly laid aside. Vogel gives the following conditions as requisite for an artificial rearing of an infant: "Care in the selection and preparation of nutriment, great patience and perseverance, and the strictest accuracy, manual dexterity, and the highest degree of cleanliness."

Relative to the artificial diet, the nursing of cow's milk, as we have stated, is preferred. The only difference in milk of the human subject and that of animals is in the relative *proportions* of the substances of which they are composed. Human milk has casein, 32; sugar, 36; butter, 29. Cow's milk has casein, 63; sugar, 28; butter, 40. Goat's milk has casein, 80; sugar, 40; butter, 40.

The important difference is in the coagulability of the casein, that of the woman's being in light flakes, while that of the cow is in hard, cheesy masses. To overcome this, we use some kind of alkali. The milk should not be boiled, but warmed by the addition of water sufficiently heated for this purpose, in quantity, at first of equal parts, but gradually diminished. I have known a child fed from the first on undiluted cow's milk, without anything added and doing well on it.

When the milk is had infrequently, it may be necessary to boil it, especially in summer. If sugar is added (which I am not fully persuaded is necessary), milk sugar is preferred. When milk can not be had, as among the poor, the various expedients of meal porridge, preparations of sago, tapioca, and arrow-root may be tried. Arrow-root, nicely prepared with water, milk, or beef tea, is a very excellent article of food, and may often answer well when milk can not be obtained. In some instances, veal broth,

with yolk of eggs and carrot broth. This last is sometimes recommended, but I have never given it a trial. Vogel thus describes the mode of its preparation: "One ounce of yellow triturated carrot is mixed with six to eight ounces of water and allowed to stand for twelve hours; it is then pressed out through a cloth, the juice is mixed with pulverized wheat bread (one part to four of juice) and boiled for a few minutes over a slow fire, and then sweetened with a little sugar."

For children who, as is sometimes the case, can not tolerate cow's milk, the carrot broth, mutton, beef, and veal broth with yolk of eggs, may very properly be used, and sometimes will be found to answer well. But as they do not usually thrive and grow upon such diet, it is well to experiment often with milk.

A French writer, Casault, long ago recommended rennet whey and malted barley. More recently the use of malt meal has been brought favorably into notice and extensive use by the recommendation of Liebig. The attention of this celebrated German chemist having been attracted by the extreme mortality among young infants from defective and impure food, turned his attention to the subject, and, after analyzing human milk very definitely to understand its ingredients and quality, he experimented with wheat flour for the purpose of adapting its nutritious elements to those found in human milk, so as to bring to the door of all an article of diet suitable to the digestive powers of the infant stomach.

Accompanying wheat flour with the various kinds of milk, it is known that in the blood furnishing materials it ranks as 1 to 5 and 7. The caloric generating elements of milk being 1 to 2, 1 to 5, and on up to 3 to 8. A mixture of wheat flour and cow's milk could be made which would represent the properties of the elements in human milk. But wheat flour has an acid reaction, and contains less alkali than is necessary for the formation of normal blood. Beside the labor of converting the starch of the flour into sugar is imposed upon the delicate digestive powers of the infant. To convert this into sugar, malt meal is added. When milk and wheat flour are boiled into a thick soup, and malt meal added to it while hot, the mixture becomes in a few minutes liquid, and acquires a sweet taste. Upon this, and upon the addition of an alkali in order to neutralize the acid reaction of the wheat flour, is based the formation of Liebig's soup. I have not myself experimented much with this soup, but, according to the recommenda-

tion of others, and especially the German physicians, it is an admirable substitute for the mother's milk.

Dr. Pitcher, while very much interested in the remarks just made, would have been glad to have heard the doctor dwell more upon the idiosyncrasies so often found, cases in which the infant has to have nourishment peculiar to itself and upon which it thrives, while other children would not be able to tolerate it.

Dr. Brodie said, in the preparation of food he always recollected a rule, which was impressed upon him in his younger days by an elder professional friend, and that was, "Food should be prepared both in quality and quantity so as to cause the least expense to the system." He thought that there was a great deficiency of knowledge in the profession relative to the preparing of food. It was a subject to which medical teachers generally paid but little attention.

In his practice he used a very nutritious article of diet, made as follows: Take an old potato and scrape it, macerate the scrapings in two or three changes of water, then allow them to dry to a powder, which is to be stirred up with fresh milk and a little sugar. He had also found raw oat-meal, mixed with cold water, very useful when the child vomited other things.

Dr. Klein said that ignorance in the culinary art was not confined to the profession. Half of the mothers, particularly in high life, did not know the first principles in the preparation of food for their offspring.

Dr. Christian believed that where cow's milk was used it should not be cooked, though generally nutriment for children was not cooked enough. When milk had an acid reaction, which was nearly always the case, it should be neutralized by an alkali. As far as his experience went, Liebig's soup was injurious.

Dr. Klein believed most decidedly that milk should be cooked. In his native country (Germany), where they raised stout and healthy children, the milk was always boiled, with a little flour and sweet butter stirred into it. He gave the different changes which milk undergoes shortly after being drawn, especially in summer, and asked if it looked as reasonable that milk in that form, with its ingredients separated, was as good as where they were combined by cooking.

Dr. Christian thought it was a great oversight in nature that she did not have cooked milk in the mother's breast.

Dr. Lyster had always understood that Liebig's soup had not



met with as much success as anticipated, considering the high source from which it originated. In the London foundling hospitals, where it had been extensively used, the mortality was enormous.

Dr. Heaton said, according to Dr. J. Lewis Smith, Liebig's preparation had met with poor success in New York. It generally vomited the children.

Dr. Stewart said the gentleman must bear in mind that there was a great difference between the prepared article of Liebig's food, kept in the stores and allowed to stand for months before being used, and that which is made fresh according to the formula of its preparation.

Dr. Brodie moved that the discussion be adjourned till the next meeting, then to be resumed in connection with the general subject of Alimentation in Disease.

Motion carried, and Dr. Brodie requested to open the discussion.  
—*Michigan University Journal*.

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*Iodide of Potassium as a Galactagogue.*—J. L. Van Zandt, M. D., Fort Worth, Texas (*Rich. and Louis. Med. Journal*), has accidentally found out that iodide of potassium increases the secretion of milk in nursing women, and has prescribed it in several instances since. This fact is corroborated by his friends, Drs. W. P. Burts, of Fort Worth, Patton, of Quitman, and D. P. Lipscombe, of Grape Vine Prairie, Texas. The result of treatment in these cases does not accord with the remarks of Scanzoni, who places pot. iodid. among the ischogalactics, and cites several authorities confirmatory. What the explanation of this discrepancy in results may be, he will not now attempt to say; but will only note the fact that most, if not all of these cases, had been sufferers from malarial disease, and that pot. iodid. has been found to be one of the best alteratives in chronic malarial poisoning.

## Translations.

*The Morbid Anatomy of the Kidney.*

By Prof. W. H. TAYLOR, M. D., Miami Medical College.

The rapid advances of anatomy and pathology have led to material modifications in the views promulgated by Richard Bright, in his classical work on Diseases of the Kidney. One great source of error in the study of these diseases has been in regarding the presence of albumen in the urine as an index of the existence of Bright's disease, consequently the various forms of organic disease of the kidney attended by this symptom have all been denominated "*Morbus Brightii*." So great had this evil become that we find in the eminent Rokitansky's *Pathological Anatomy* no less than eight forms of Bright's disease described. The labors of later pathologists have done much to simplify the subject, till at present but three forms are described; but for a satisfactory solution of the difficulties which still attend the study of the various forms of organic disease of the kidney, we must go still further. In my opinion, there is no more reason or propriety in attempting to harmonize the different forms of lesion of the kidney attended by albuminous urine, than there would be in seeking to range all lesions of the lungs under one head because attended by expectoration. With such views, while gladly according all honor to Dr. Bright for his researches, I should abandon the term "*Bright's Disease*," because, as commonly used, no more significant than "*lung disease*," or "*liver disease*," or at least limit its application to a single *form* of renal change.

In a work\* just issued, Prof. Klebs, of Berne, has adopted this course, and, as he has given the most complete descriptions of the alterations in the various forms of disease of the kidney accompanied by albuminous urine, I propose, in a series of papers, to present his views, premising that I am not yet prepared to indorse them in all points.

The organic changes in the kidney can be divided, according

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\*Handbuch der Patholog. Anatomie, 3tte Lieferung, Berlin, 1870.

to the tissue primarily affected, into those of the uriniferous tubules, of the interstitial tissue, of the blood vessels, and of the capsule surrounding the kidney.

The *tubuli uriniferi* are liable to three series of alterations, which affect the epithelium, the membrane, or the contents respectively.

a. The epithelium, in common with that of other glands, presents the peculiarity of remaining unaffected in inflammatory conditions of the organ, or else is but secondarily involved; on the other hand, its active proliferation leads to the development of permanent tumor-like formations.

1st. *Hypertrophy*.—It is by no means established that simple hypertrophy of the renal epithelium ever occurs, though it is probable that many enlargements of the kidney, resulting from increased circulation of the blood, are of this character.

In athletic men, we often meet with succulent kidneys full of blood, in which the epithelium, especially in the cortical portion, is dark and granular, reminding us of the early stage of granular degeneration of the epithelium, without any other morbid conditions. In these cases, it is evidently only the result of an abundant supply of nutritive material. A similar process occurs in the congestion from obstructed circulation, as in diabetes mellitus, but here usually in connection with fatty degeneration of the epithelium. In such cases, the cells of the convoluted tubes are especially dark, their contour sharply defined, the lumen of the wider tubes normal; in the malpighian capsule, the epithelium is unusually distinct. Microscopic observation reveals no change, except the enlargement and the large amount of blood, the function of the organ is unaffected.

2d. *Hyperplasia*.—A general development of new epithelium probably occurs occasionally in hypertrophic conditions, but of this it is difficult to be certain; but it is more distinct in *circumscribed* hyperplasia, as in this case it leads to enlargements, which, according as they more or less resemble the normal convoluted tubes, are designated adenom or adeno-carcimona.

[It is needless to pursue the description of these conditions further, we pass therefore to the—TRANS.]

3d *Form*.—The granular (parenchymatous) degeneration\* of

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\*The terms, "granular" and "parenchymatous degeneration," are applied by the author to conditions of the *epithelial cell*, and not to the kidney, as is usually the case with writers in the English language.



the epithelium, as the similar alteration in the liver, is the result of the abstraction or diminution of the supply of nutritive material conveyed by the blood to the cells.

It may affect a part of one or all of both kidneys, according as the cause be a local obstruction to the flow of blood, or a vitiation of the entire blood mass.

*a. The diffuse granular degeneration*, which results from a change in the blood, affects both kidneys equally, apparent differences being produced by the variation in the quantity of blood in the two organs.

All parts of the kidney do not suffer in an equal degree, but it is found quite constantly that the convoluted tubuli of the cortex are the most affected. They manifest themselves as gray or grayish yellow lines, perpendicular to the surface, and inclosing the malphigian corpuscles; later, this discoloration extends to the other parts of the tubuli; on the contrary, we rarely find the straight tubes only affected, and when it does exist it is probably the result of a preceding affection of the other parts which has disappeared, as it is especially met with in convalescents from milder forms of infectious disease.

The epithelium, in the affected parts of the canals, in the beginning appears unusually distinct, homogenous, refracts light strongly, and glistens; later, it is finely granular, as if covered with dust, and, finally, the cells constitute a cohering mass, in which minute (albuminous) and larger (fatty) granules are seen; the cells disintegrate, fill the tubes, and the nucleus, which previously was concealed by the opaque protoplasma, becomes very distinct.

Generally, in the acute granular degeneration, swelling of the epithelium occurs, by which the whole organ is enlarged, and the affected parts appear bloodless, producing a marked contrast between the cortical and pyramidal portions; the former being grayish yellow and anæmic, the later dark purple. In very acute cases, the glomeruli are distended with blood, and appear as dark points in the pale substance, in consequence of the efferent vessels being compressed, while the afferent are unaffected; under these circumstances blood may be extravasated from the glomerulus on to the surface of the organ.

On the cut surface distinct lines are seen, which the microscope shows are tubuli distended with blood. We therefore have here extravasations of blood from the glomerulus into the convoluted tube; these extravasations are more frequent in interstitial nephritis,

and have been regarded by many as distinctive of this form of disease, but improperly, for they are neither peculiar to or constant in it.

In the epithelium of both the convoluted and the straight tubes, we sometimes meet with a condition which probably led some of the English observers, and especially Geo. Johnson, to regard this as the first stage of the so-called desquamative, or catarrhal nephritis; portions of the tubes are filled with round granular cells, the size of epithelial cells, the latter appear to be absent, but the new forms are in fact detached, probably proliferating epithelial cells, for they are larger than lymph corpuscles, and such elements are not seldom found among epithelial cells. \* \* \* But that this is not an inflammatory process is evident from its comparative rarity and its late occurrence, but it is altogether possible that as a consequence of granular degeneration, as well as of the extravasations, a genuine inflammatory process may develop; *nevertheless, I remark here that the so-called catarrhal nephritis is by no means to be regarded as the starting point of morbus brightii.*

Two other conditions, which often accompany, but which are by no means constant attendants of granular degeneration of the kidney, require consideration. These are the formation of *fibrinous deposits in the tubuli and albuminuria*. [The consideration of the former I omit as not pertinent to the subject before us.—TRANS.] Of the latter, the author says: "It is one of the most common accompaniments of granular degeneration, yet it is sometimes absent, from which it appears that the escape of albumen from the glomerulus is not the result of alteration of the tube, but dependent on changes in the walls of the blood vessels, and upon increased pressure of blood. It is favored by the change in the epithelium, as thereby the circulation is interfered with and the pressure of blood in the glomerulus increased."

To recapitulate, the various circumstances under which granular degeneration is found may be thus expressed:

1st. *Local Causes*.—To these belong, *a*, embolia in the arteries by which the supply of blood to the part is cut off, resulting in a wedge shaped portion of the kidney undergoing the degeneration; *b*, venous obstruction, with induration of the kidney; *c*, inflammatory conditions, especially pyelonephritis and capillary embolism.

2d. *General Causes*, which produce similar changes in the liver. We find that sometimes one, sometimes the other of these organs, is most severely affected, without any obvious cause for the difference.

The forms of disease most commonly producing the condition under consideration are: *a*, Infectious processes, as pyæmia and septicæmia; phlegmonous processes, miliary tuberculosis, acute articular rheumatism, typhus, and malarial diseases, and the acute exanthemata; *b*, Toxic influences, especially poisoning by phosphoric and sulphuric acids, and carbonic oxide; resulting from this class of influences, we find many cases in which the kidney is exclusively affected, or at least in a much greater degree than the liver, evidently because the irritating substance was excreted by the kidney; the mineral acids and cantharides especially produce this effect. The local irritation thus induced often leads to extravasation, and may result in interstitial inflammation. Similar alterations have been observed after extensive burns of the skin, but in these cases I have never seen extravasation; but in connection with these injuries there are alterations of the kidney which present as yet inexplicable difficulties.

These various causes of granular degeneration vary much in their effect. The acute septic and the typhoid processes, whether they act locally or by blood poisoning, occasion a rapid disintegration of the epithelium, and softening of the entire organ.

Again, the more slowly the cause acts, the more perfectly does the organ retain its firmness, and the more complete is the fatty degeneration of the epithelium; this is especially the case in poisoning from phosphorous and next in variola. Scarlatina and measles occasion but little fatty degeneration of the kidney, the morbid conditions of urine in these diseases depend on other causes.

*3d. Amyloid degeneration* of the epithelium seldom occurs, and only as the process extends from the blood vessels to an adjacent tube and its epithelium.



## Selections.

*Treatment of Chronic Urethral Discharges.* (Cases under the care of Mr. Berkeley Hill, Lock Hospital, London.)—Out of 1,282 males who had urethral discharge in 1869, 245 had allowed the discharge to become chronic before they applied at the hospital. In most of them a persistent, scanty discharge constituted the symptoms. In such cases the canal was first examined with the endoscope or with the olive-headed bougie. The endoscope has been very unsatisfactory in use, notwithstanding that Mr. Hill employs a light, handy instrument, fitted with a fish-tail gas jet, instead of the cumbrous paraffin lamp commonly used; but the surface which can be illuminated is so small, and the tube excites so much soreness or discomfort, that latterly the olive-headed bougie has superseded the endoscope. This can be passed without distressing the patient, and gives very exact indication of the condition of the urethra, distinguishing the diseased from the healthy localities. The bougies used for examining the urethra are of black gum, very flexible and slender in the stem, which is marked with a ring at every successive inch from the base of the olive. The head, usually shaped like an olive, Mr. Hill has had made conical, one-third of an inch long from the point to the base, where the head corresponds to some number of Weiss' catheter scale. The most convenient series is from No. 4 to No. 16. When passing along the urethra this conical head is impeded by any inequality in the mucous membrane, and causes a little smarting as it passes over an excoriation or inflamed part; but when the obstruction is passed by the head, the slender stem allows the instrument to travel along without inconvenience till the next thickening is reached. In withdrawing the bougie, the base of the olive strikes the impediment first, of which the position may be ascertained by noting how much of the graduated stem is within the urethra.

So accurate is the olive bougie in revealing the inequalities of the interior of the canal that a No. 6 will often stop at an obstruction that a No. 9 or 10 ordinary bougie, and a still larger tapering probe-pointed one, will slip past. Thus the position and length of patches of chronic inflammation, where the mucous membrane has

lost its pliancy to only a small extent, but which ultimately become indurated masses that seriously contract the canal, are detected by the olive bougie at a stage when the ordinary bougie gives no evidence of their existence. In the urethras examined in this way the following conditions were found: stricture, 62; tender points or excoriations, 30; false passage, 1. The urethra was not examined in all the cases, and in six of those examined a No. 14 or 16 olive-headed bougie traversed the canal without causing any soreness, or experiencing any impediment.

Some of these obstructions were also examined with the endoscope, and were then seen to be deep red patches on the mucous membrane, or, in a few instances, actual excoriations of the surface were observed. The following are examples:

CASE 1.—Muco-purulent discharge for the last two months; no congestion of the meatus urethra; no pain or scalding. A small patch of redness was seen at five inches down the urethra; elsewhere the canal had the normal pink color.

CASE 2.—For several months flocculent discharge in the urine; irritation in the perineum, where induration for one inch along the middle line is felt externally. At five inches an excoriation, or shallow ulcer with defined edges, which bleeds when touched, is seen.

CASE 3.—A stricture of three inches, which allows No. 3 to pass, but stops No. 4. The endoscope showed redness of the membrane, but no peculiarity of the passage, though the tube was abruptly stopped at three inches.

Besides the ordinary remedies of cubebs in frequent doses, etc., many of these cases were treated by injecting a few drops of caustic solution (one scruple to an ounce) of nitrate of silver directly on to the diseased points by a syringe contrived for the purpose. A straight silver tube, the size of No. 8 catheter for one inch of its length, is perforated at the nozzle with fine holes on all sides, the remainder of the tube being only as large as No. 4 catheter, and marked at each inch from the nozzle. Along this slender part a little clip slides backward and forward; at the outer end a small glass graduated syringe fits on. When the instrument is to be used the clip is slid along the stem as far from the nozzle as the tender point or obstruction is from the meatus urethra. The instrument is then introduced, and one or two drops of caustic injected on to the point of disease. A few applications in this way have cured discharges that have lasted several months, and resisted

multifarious treatment. If the canal is contracted as well, the treatment is continued by passing bougies until the caliber of the canal is restored. The bougies employed for this purpose are almost always of black gum, with tapering ends and probe-points.—*Lancet*, June, 1870, and *St. Louis Med. and Surg. Jour.*

*A New View of the Origin and Propagation of the Venereal Disease.*—By Mr. J. Morgan, Surgeon to Westmoreland Lock Hospital, Dublin.—Mr. J. Morgan expresses some novel views on this subject. These views, he says, are the deductions from 1,582 cases observed by him during the last two years in the hospital to which he is attached, and which indicate a new source of contagion from which the usual soft or chancreoid venereal sore is derived.

"The discrepancy," he remarks, "among syphilographers as to the variations in the forms of the disease and its after consequences in the male and female, always seemed difficult of explanation, and led me to make a close examination by experiment as to its nature and origin in the patients under my charge at the hospital as compared with male patients met with in private and general hospital practice. I could not fail to observe that in this city, the frequency of chancreoid or soft sores in the male uncomplicated with constitutional signs, was excessive in proportion to those cases in the female who suffered from genital sores, while on the other hand the frequency of constitutional symptoms in the female was excessive in proportion to the male."

The frequent co-existence of a vaginal discharge of a mucopurulent form with the earlier stages of constitutional syphilis, he thought afforded some clue to the solution of this question, and led him to make some experiments, the results of which, he thinks, shows "that the product of the vaginal discharge of a patient suffering from syphilitic infection, is a chancreoid or soft sore, when the discharge is introduced under the skin or applied to an abraded surface. It is also shown that this sore is propagated as a chancreoid or soft sore, and is again (so far as my experiments went) capable of indefinite propagation still as a soft sore or chancreoid."

"A more remarkable power," he says, "possessed by this vaginal secretion is the production of a chancreoid by inoculation on the patient's own person. \* \* \*" "I have on several occasions taken the secretion as wiped from the os uteri and inoculated unsuccessfully with it, while from the vaginal discharge I have been successful.



"I have inoculated from the vaginal secretion of cases of uterine ulcer and from the ulcers themselves without any result.

"I have also inoculated the gonorrhœal discharge of the male without result.

"In all my inoculations the result has invariably been the characteristic pustule and soft or chancroid sore, capable of reproduction; the question, therefore, arises, was the original affection a chancroid or soft sore capable of infecting the system, or a hard sore, which is admittedly so capable; I can not give any information on the latter point, as unfortunately in the only two cases of hard sore which have been admitted to the hospital during the last eight months I did not inoculate. So as to be capable of transmitting a sore by inoculation from the vaginal secretion, it seems necessary that the patient must be suffering from the earlier stages of constitutional infection, whether as yet latent or developed."

The vaginal secretion, Dr. M. states, retains its power of infection for a considerable time after the healing of the primary sore or of the first constitutional evidence.

In all the inoculations made by Mr. M. the products from the artificially generated chancroid was, he stated, a chancroid, though generated from and on syphilitic subjects.

"With regard to the propagative property of the poison in women, it might be supposed that once the sore is healed there is no further danger of a sore being communicated, which even a chancroid, as I believe it might appear in an untainted subject, would be lethal to the system by conveying the syphilitic poison. This error the illustrative cases show fully would be a serious one, as the non-existence of a genital sore in the female is no absolute guaranty of the non-existence of contagion power."

Mr. M. has found the following variation in inoculation with the vaginal discharges:

"The activity of the discharge seems to vary—thus, immediately before or after the menstrual period it is less active.

"The same discharge would succeed in some cases and not in others, and though failing to produce a specific pustule one day it would not on another.

"As in vaccination, the admixture of a little blood in making the inoculation generally rendered it nugatory.

"The more robust and vigorous the patient, the more perfect was the inoculation, and the more persistent it became, being indeed difficult to heal.

"Every succeeding generation from the vaginal discharge seemed progressively to increase in inoculative power.

"The more infected the recipient the more difficult to inoculate, and the greater the tendency to heal.

"Every succeeding inoculation on the patient's own person seemed to increase in inoculative power."—*Amer. Jour. Med. Soc.*; from *Dublin Quart. Jour. Med. Soc.*, Aug., 1870.

*Case of Infantile Syphilis in one of Twins.* By H. E. Cauty, Surgeon to Liverpool Dispensary for Skin Diseases.—Margaret L. came on the 26th of February, 1868, to the dispensary with a child, whose father is a shoemaker. She has had four dead-born children, and has been under treatment for secondary symptoms, though there are none at present visible. The child is one of twins, the other having no eruption or any signs of disease; they are both squalid, evidently badly nourished, and are at present ten weeks old. The child is one mass of scaly venereal eruption, the eyes and nose being especially bad. Owing to the nostrils being stopped up, it has great difficulty in taking the breast. It has been treated for some weeks at the Homœopathic Dispensary. The prognosis was very unfavorable.

There not being any part of the body as large as half a crown in any one spot free from scales or inflammation, where the lamina had peeled off, she was directed to anoint the whole body with an ointment of 1-7th of ung. hydrarg. fort. and ung. cet acci, and to give the child 1-64th of a grain of hydrarg. bichlorid in 3i syrup sarzæ three times a day; also to wean it. On March 1, the feet being better, gr. x of unrg. hydrarg. fort. was rubbed in every night, and glycerine applied to the flexions of the joints. March 4—Eruption much better, but covered with varicella. 6—Face quite clear; vesicular eruption subsiding. April 25—Child quite free from any visible disease, and better altogether.

July 15—The child was brought again; the mother, being starving, has had to suckle again. She herself has now ulceration of the throat, and white deposit on fauces. The child has psoriasis syphilitica and sores on the vulvæ, much diarrhœa, and flatulency. They attended some few times, getting gradually better, and then disappeared.

The points of interest in this case are—firstly, the rapidity of recovery from an amazing amount of unchecked disease, and the immunity of the other twin up to the last inspection in the middle

of August from the poison the child and the mother suffered from. It also appears difficult to limit to what extent the use of mercury can be carried, not only with safety, but with advantage.—*Journal of Cutaneous Med.*, Sept., 1870, p. 80, and *St. Louis Med. and Surg. Jour.*

*On the Treatment of Syphilis without Specifics.* By Dr. Adam Oewre, Christiania, Norway.—The author remarks that during the discussions of the Medical Society of Christiania, both the supporters of syphilization and those who asserted that the action of syphilization is an exclusively derivative one, used the argument that because after syphilization—or after a derivative treatment by epispatics, respectively—the syphilitic phenomena disappear, therefore “health is established.” But the champions of either methods omitted to ascribe due importance to the *time* which passes in the meantime, and to the *topical means* applied. The author suspected that what was called “cure” was not accomplished by the so-called curative method, but *in spite* of it, and partly only *post hoc*. During a three years’ service as assistant in the section for skin diseases of the University Hospital, this suspicion grew with him into conviction.

Since April, 1863, when he ceased to employ the method of syphilization, he treated about eighty private patients affected with recent general syphilis by means of local and symptomatic remedies, and obtained satisfactory results. Convalescence after this, as after *all* methods, is uncertain and incomplete; relapses may occur, and mothers may bear syphilitic children—exactly as after every other mode of treatment, whether specific or not.

His method is very simple. The *primary ulcers* are always treated like non-specific ulcers, frequently cleaned, and covered with charpie soaked in water, or an astringent lotion, or Ricord’s “aromatic wine;” sometimes nitrate of silver is used, and, when the induration is considerable, or phagedæna or gangrene are threatening, even severer caustics are employed, in order to accelerate cicatrization.

The *indolent adenopathy* needs no special treatment; during rest they commonly decrease. If a bubo suppurates, it is treated according to the rules of surgery without any “specific” modification.

The *initial general phenomena* of infection, of a nervous character, are not particularly fitted for symptomatic or local treatment, and



are generally dealt with expectatively. The use of tonics, like quinine and iron, has in general been doubtful. Yet the author sometimes decidedly succeeded in alleviating the *cephalalgia*, at least temporarily, by quinine (gr. v-x, twice or three times a day), or, during the night, by hypodermic injections of morphine. The *rheumatoid pains* seemed to disappear more rapidly after stimulating liniments.

Special stress is generally laid, among the manifest phenomena of the disease, upon the *cutaneous eruptions*; and yet they are indeed of small account; for they disappear, almost all of them, spontaneously, some even rapidly. To accelerate their removal, a lukewarm bath is ordered from time to time, especially in papulous and pustulous forms. In ecthyma, rupia, the scabs are removed with the aid of poultices, and the base touched with lunar caustic.

In *alopecia*, cleanliness and spirituous lotions.

The *hoarseness* from catarrhal swelling of the vocal chords, which is not rarely observed among the early constitutional symptoms, is left alone or treated simply as a non-specific affection. In ulcerous affections of the glottis, local treatment, according to laryngo-therapeutical rules, is required. Specifics are entirely superfluous.

The *affections of the eye* (retinal lesions excluded) are successfully combated by strict local antiphlogosis (leeches, cold), in connection with the prompt and uninterrupted use of atropine. In this way some, even severe, cases of iritis and choroiditis have been successfully treated. Injurious external influences are guarded against, and a proper dietetic regimen for the eyes is observed according to ophthalmological rules.

*Mucous and opaline patches* must not be left unattended. All that is necessary is frequent cleansing and touching with caustic. Excision, severe cauterization, sprinkling with calomel, may be set aside altogether. Patients who were under the author's treatment from the beginning hardly ever presented a mucous patch—in consequence of frequent bathing and washing.

In *affections of the throat and mouth*, alkaline or aluminous gargles are of use; but the chief remedy is the nitrate of silver, used every second or third day.

All other possible secondary symptoms are treated exactly according to the rule never to use specifics—always to act symptomatically.

The author's plan seems to him to be justified from the following considerations :

"(1.) The inefficiency of all former methods of treatment.

"(2.) The inconveniences (sweat cures, strict diet), alleged danger (mercurials) and disgrace [? ! Ed. Arch.] (syphilization) which accompany some of them.

"(3.) The variety of the many anti-syphilitic means and methods recommended, which, in my opinion, can be considered mainly as expectative and local only, and whose final result does not differ in the least from my own, inasmuch as *the infection is not removed by any of them.*"—G. B.—*Archiv f. Dermat. u. Syph.*, 1870, 1. p. 11.

*Gelsemium Sempervirens*.—Dr. E. P. Hurd, Newburyport, Mass. (*Boston Med. and Surg. Journal*), has been in the habit for some time of using a tincture of the root of the yellow jessamine, and believes that as a cardiac sedative we have not its equal in the whole range of the materia medica. It relieves in a marked manner the shortness of breath and palpitations of all forms of heart disease. He has seen more prompt and decided benefit from its use in chronic valvular disease than from digitalis. The dose may be three drops of the saturated tincture every two, three, or four hours. The gelsemium is combined with Hoffman's anodyne and tincture of lavender, and is believed to have a specific effect on the vaso-motor nerves, stimulating them, and thus equalizing the circulation and lessening the labor of the heart. It also allays the nervous irritability, is surer than veratrum or prussic acid, and safer than digitalis.

*Hydrate of Chloral*.—Prof. Samuel G. Armor, M. D., of Long Island College Hospital (*Mich. Univ. Med. Journal*), arrives at the following conclusions as to the physiological and therapeutical action of this new drug. It can not always be relied on as a substitute for many of the older and well tried anodynes and nervines. In a certain proportion of cases it produces unpleasant symptoms, such as gastric distress, difficult breathing, partial paralysis of the organs of deglutition, and a restless condition of the brain and nervous system. This is, however, largely exceptional to its general action.

These unpleasant symptoms are in many cases obviated by combining an opiate, in small sustaining doses, to the nervous system, with chloral, say the one-twelfth of a grain of morphine, or ten or twelve minims of McMunn's elixir of opium (he prefers to admin-

are generally dealt with expectatively. The use of tonics, like quinine and iron, has in general been doubtful. Yet the author sometimes decidedly succeeded in alleviating the *cephalalgia*, at least temporarily, by quinine (gr. v-x, twice or three times a day), or, during the night, by hypodermic injections of morphine. The *rheumatoid pains* seemed to disappear more rapidly after stimulating liniments.

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ister the opium separately). The action of the opium thus administered appears to be antagonistic to the sometimes depressing effects of the chloral.

Chloral should never be administered on a full stomach, neither on an empty one; intermediate periods are better. A good rule is to select a period when the stomach is empty, and have the patient take a small crust of bread or a cracker ten or twelve minutes before taking the chloral. Its action is somewhat transient. In two or two and a half hours the dose must be repeated, if the first produces no effect, or if we desire to protract the action of the drug.

The protracted use of the drug is not advisable. It weakens the general vital forces, and tends to the production of anæmia.

*Asymmetry of the two Halves of the Body.* By Prof. Humphrey.—The Professor describes a young woman, aged 20, who was brought to him as a patient. He remarked on the peculiar appearance of the face, and was informed by her mother that she was born so, and with one arm longer and larger than the other. On careful investigation the whole of the right side of the body was found larger than the left, the difference being most marked in the upper limb, which measured from the acromion to the end of the little finger two and a half inches more on the right side than on the left. In the lower limbs the difference was but half an inch. Other measurements gave a proportionate difference in the length and girth of the several parts of the limbs.

The right mamma is seen to be a good deal larger than the left, and the right cheek and jaw seem as if swollen in comparison with the left. In fact, the crown is higher, the chin lower, the forehead and occiput more prominent, the cranial circumference a half inch greater, and the teeth less crowded upon the right side. The raphe of the lips, chin, and tongue are to the left of the median line; the right half of the tongue forms the tip, and the right tonsil is larger. The right eye, owing to its "backward" situation in the orbit, and to the fact of the lids not being opened as widely as on the left side, *appears* smaller.

She is right-handed, is decidedly stronger with the right side, and presents no abnormality of function in any respect, nor any evidence of previous disease, the trouble which she wished cured being merely an affection of the scalp.

The only similar case which the author finds recorded is one by

Broca. The subject was a boy, aged 11, in whom the left half of the body exceeded the right so much as to give the impression that he was formed by the union of two halves from two persons of different size and strength. For the distance from the crest of the ilium to the internal malleolus, the left side was superior to the right by five and five-tenths centimetres; from the acromion to the styloid process of the radius by two centimetres. The measurements of the head differed correspondingly; the hearing of the left ear was much more acute than with the right, and the left eye more open than the right. The difference in this case also was congenital.—*Journal of Anatomy and Physiology*.

*Spread of Typhoid by Milk Supply*.—At a late meeting of the Association of Medical Officers of Health, Dr. E. Ballard, Medical Officer of Health for Islington, read a paper on a localized outbreak of typhoid in Islington in July, 1870. This was the first event of the kind which had happened in Islington during the fifteen years of Dr. Ballard's sanitary administration in that parish, and it was so unexpected and curious as to have demanded a special investigation. Within less than a semicircle of a quarter of a mile radius, one hundred and sixty-eight cases had occurred within ten weeks, and he found it impossible to explain this on the ground of local miasma, bad drainage, or water supply.

Most of the cases occurred in the houses of the wealthy, and some while the families were in the country for their summer holiday. Several suggestions were offered by local practitioners, which he disposed of *seriatim*, the last of which was, that the outbreak was due to the distribution of milk from a particular dairy. At first he thought little of this, but as the inquiry progressed he was driven to adopt it as the true explanation. The evidence adduced was most convincing. Out of one hundred and forty families supplied from the dairy, no fewer than seventy suffered from typhoid, and thirty deaths occurred, being at the rate of seventeen and one tenth per cent. of the cases. Twice as many cases of typhoid deaths occurred in the limited district referred to as in the whole of the rest of the parish.

In confirmation of his inference, he stated that it was remarkable how the typhoid picked out the customers of this dairy in separate streets and squares. It attacked females and children, who are the largest consumers of milk, out of all proportion to male adults; and he adduced some curious instances, in which, in sev-



eral families, the only persons attacked were those who took this particular milk. At the same time he did not altogether absolve local miasms from all participation in superinducing the outbreak, since the disease first entered those families among the customers of the dairy where such local causes were found existent.

The author next entered upon the question how the contagion entered the milk. He arrived, by the process of exclusion, at an underground tank on the premises of the dairyman. He was assured that this water was never added to the milk. On opening the tank, however, he found that it was constructed of wood which had rotted, and in part given way, and that from this spot there were several rat-burrows, through which water rapidly ran off into some old drains discovered on deeper exploration. The probability was great that the admixture of water with the milk was the source of its contamination. Charitably giving credit to the statements made to him, he suggested that possibly, as the water was used for cleansing the milk-cans, enough might still remain to poison the milk without any intentional admixture with it being practiced.—*Brit. Med. Jour.*

*Case of Severe Traumatic Tetanus Resulting Favorably under the Use of Calabar Bean.*—John O'Neal, aged 10, a stout, healthy boy, was struck on the back of the head with a brickbat, September 17, 1870. A severe wound of the scalp, a little to the right of the median line, resulted, and he was treated for this at the Episcopal Hospital Dispensary—no fracture being then detected.

On the 27th, paralysis of the right upper eyelid was noticed; and on the 3d of October, sixteen days after the receipt of the injury, he was admitted into the hospital. He then had severe trismus, a marked sardonic grin, the head forcibly retracted, and the whole spine in a state of rigid opisthotonos. Convulsions occurred about every two hours, during which all the symptoms were intensely aggravated. Bare and roughened bone could be felt at the bottom of the wound. He was put at once upon ext. physostigmæ gr. j every two hours, with ext. opii. gr.  $\frac{1}{4}$  to control the convulsions. The first and second doses of the former acted decidedly upon the pupil, which was afterwards unaffected. Concentrated nourishment was given, and subsequently free stimulation. Dry cupping along the spine, ice to the nape of the neck, and chloroform by inhalation, were also employed, but apparently with very little effect.

On the 6th of October, nineteen days after the injury, the symptoms being increasingly urgent, I enlarged the wound, and applied the crown of a trephine. By so doing I loosened a fragment of bone, which was removed, together with three others; some pus and f3ss or more of brain-substance came away.

On the 10th, Dr. J. R. F. Bell, the resident surgeon, noted priapism, and complete closure of the jaws. The patient had to have his urine drawn off from the catheter twice or thrice daily, and his bowels emptied by enemata.

On the 16th, Dr. B. notes, "He has taken gr. ij of the extract of calabar bean every hour for the last four days; pupils normal."

On the 19th, the dose was increased to gr. iij every hour. Pupils dilated. The trismus was so far lessened that he could open the jaw to eat with a spoon.

On the 24th, he had had but one convulsion the previous night, and passed his urine naturally. Pulse, 84. The calabar bean was stopped for a few hours, *and the pupil contracted greatly.*

On the 26th, pulse 80, and all the symptoms much lessened.

October 28.—Still improving; he passed his urine to-day without the aid of the catheter. Dr. Bell notes that "the second dose of the calabar bean, given to-day, contracted the pupil strongly, and caused nausea and vomiting, abdominal pain, and repeated purging. For an hour the radial pulse could not be felt, and the heart was found by auscultation to be beating only forty-eight times in the minute, very feebly." Tr. belladonna, in f3iii of whisky, was given at once, and repeated twice at intervals of half an hour. After the third dose the pupils were slightly dilated, the abdominal pain relieved, and the pulse rose to 60. No more belladonna was given; the calabar bean was suspended for twelve hours,  $\frac{1}{2}$  gr. being then administered every three or four hours with marked effect. (It was ascertained that this was a new sample of the extract of calabar bean.) From this time the improvement was steady. A small piece of bone came away November 7, and another November 9. By the 28th, fifty-three days after the trephining, the only remaining symptom of tetanus was a slight grin, which finally passed away imperceptibly. He grew very fat and hearty, and, on December 22, was taken into town to be photographed.

December 30.—He is in excellent condition. The wound has, however, not entirely healed, and there is some tenderness of the occiput, especially near the median line. I can not, therefore,

regard him as wholly free from danger of the occurrence of future symptoms, although the condition of tetanus has been altogether set aside.

The points of interest about this case will readily suggest themselves. The severity of the injury sustained, and the actual existence of a lesion of the brain; the gravity of the operation required; the fact of escape of a portion of brain-substance—all these things seemed to me at the time, as they still do, to have more than offset the favorable circumstance that he had already resisted the disease, when trephined, for a period of nineteen days.

Another point calls for notice—namely, the great variation in energy between the two samples of extract of calabar bean employed, showing the necessity of caution in dealing with this remedy. This I have seen in one or two other instances in which I have used it as a spinal sedative. I might mention here that, among other publications on this subject, in a discussion at the Clinical Society of London, October 14, 1870 (reported in the *British Medical Journal* for October 22), upon a case of traumatic tetanus successfully treated by Dr. Ogle by means of belladonna, Dr. Anstie stated that Dr. Eben Watson had treated, at least, three cases with calabar bean, with favorable results; and Dr. Broadbent mentioned another which had recently come under his own observation. Mr. John Croft spoke of a case in which the calabar bean had failed.—*Medical Times, Philadelphia.*

*Mode of Ascertaining the Results of Different Kinds of Vaccination.*—M. Constantin Paul proposes a simple plan of vaccination which will allow one, in years to come, to judge of the value of the vaccine matter used. The latter is now, in Paris, obtained in three ways: 1. The lymph which, since Jenner's time, has passed from one human being to another. 2. The lymph obtained from spontaneous cow-pox, and propagated from one heifer to another. 3. The lymph gathered in the latter way, and then carried from arm to arm. For No. 1, make three punctures on the arm in a line parallel to the axis of the limb; for No. 2, three punctures arranged in an isosceles triangle, the base below; for No. 3, the same triangle with the base above. Thus, if this mode were generally adopted, it would be easy to say, in examining the arms of adults, what kind of vaccination has been used in individual cases.—*London Lancet.*



*Treatment of Chilblains.*—Mr. Fergus calls attention to the value of sulphurous acid in the treatment of this affection. It should be applied either with a camel-hair brush, or, better, by means of a spray-producer. One application by the latter method usually effects a cure. The acid should be used pure, and he finds Clarke's spray-producer the best when both hands are free; Richardson's when only one is so. A good wash for hands or feet affected with chilblains is sulphurous acid three parts, glycerine one part, and water one part. The acid is particularly useful in the irritating, tormenting stage of chilblains. (See *Lancet*, November 26, 1870.)

*The Treatment of Rabies.*—The editor of the *Wiener Medizinische Wochenschrift*, No. 49, quoting from a French blue-book containing a report of inquests, states that no plan is so successful as the application of the actual cautery to the bite, and this should be applied at as early a period as possible; the wound being sucked, if practicable, in the time intervening between the bite and the preparation of the instrument. The comparison of the results of cauterized and non-cauterized cases is worthy of notice. Among 134 cauterized cases, 42 died, or, in other words, 68 per cent. were preserved. On the other hand, among 66 non-cauterized cases, 56 died, or 84 per cent. When the symptoms of rabies have fairly developed themselves the case is absolutely hopeless, and the French and the German writers alike express themselves in favor of placing the patient permanently under the influence of anæsthetics till death supervenes.

*Succedaneum for Skin-Grafting.*—Under the heading of "Skin-Grafting Superseded," the *Medical Press and Circular*, referring to Dr. Fiddes' statement that no skin need be taken, but merely a few epidermic scales, editorially suggests a professional trial of a popular method of healing old ulcers by means of the "skin of a new-laid egg." The egg must be fresh laid; and the membrane, which is easily detached from the inner surface of the shell, is to be smoothly spread over the ulcer. Our contemporary has lately heard of a case in which this method "was completely successful after years of ordinary treatment had failed." It is not stated whether the cicatricial tissue manifests any tendency to grow feathers in such cases.

## Editorial.

*Independent Journalism.*—Some people think that a certain brusqueness or rudeness in their personal intercourse means independence of character. Hence you observe intolerance; believe as I do, swear as I do, look through my glasses, or you are just by so much imperfect. Something of the same sentiment pervades medical as all other journalism. A portion of the profession, or its individuals, each has its social or personal plans to subserve; these people rush into a medical journal for advancement or revenge, and appear to have no other idea of its purposes than subserviency to these personal ideas. With such gentlemen, a man is a tool or a sycophant unless he accommodates their individual purposes; he is subservient, dependant, a supporter of cliques, unless his individuality, or his clique, is provided for, at the expense of all others. In view of some misapprehensions, which seem to have a place in certain quarters, we may as well express our own notions of propriety as a journalist, for the benefit alike of friends and foes. We are said to be "very amiable;" that is true, but it is systematically so—it is so on principle. The *Lancet and Observer* is one of the oldest medical journals in America; through various vicissitudes, national and personal, it has grown; the present editor and proprietor is mindful of a widely-spread confidence and support; he does not propose to subsidize the journal to any personal plans; he would not wish to personally, and has no desire to do so generally. 1st. He desires to present a journal that expresses and contributes to the general fund of professional information. 2d. He desires to represent the active, working profession of Cincinnati. These two ideas have controlled the conduct of the journal for years, and were it not for occasional advertisements by our enemies, we doubt if our readers would be able to connect the sympathies of this journal with any clique or college, or other local association. The editor of this journal is a member of the Faculty of the Miami Medical College, but while as a private individual he has thought it best for him to engage in that enterprise, *no man* can say he used the journal he controlled improperly in that direction; indeed, acting upon

his general convictions of right and propriety, gentlemen of other medical schools, and of no school, have constantly had a place in the pages of this journal; no question has been made.

Prof. Blackman, Prof. Conner, Prof. Whittaker, Prof. Miles—any one occupying positions in other schools—have had a prompt and prominent place given them. So true is this, that a very judicious medical gentleman has repeatedly said: "You are too generous to your enemies; you admit to prominent place men who would cheerfully cut your throat on the shortest notice—personally or professionally." All of which is true, and will, perhaps, continue to be true. We know this as well as any one can tell us, and yet we propose to hold to our original purpose. *This journal is the organ of the profession.* It is not our province to determine the status of individuals; if the profession, if local societies, accept a man as in good general standing, and give to him preferment, we shall not interdict our personal notions.

As illustrative of the point we make in independent journalism, we give a case. Some months ago, a subscriber in the interior of Kentucky renewed his subscription *under protest*; he had a prejudice against the "Medical College of Ohio," and regarded the *Lancet and Observer* as too much of an organ for that school! All of which is certainly amusing, in view of certain local nonsense that has been uttered here at home by weak brethren; but it serves to show just what we aim to fix as the fact—that we are impartial; that without respect to private interests, *all men*, occupying a place of respectability in the profession, have access to our columns. But when they become manifestly selfish, grasping; when they become personally insolent and presuming; when they have lost their hold upon the sympathy of their fellows, or begin to grope in the uncertain ways of charlatanry, they must seek other journals for aid and comfort.

*Professional Defamation.*—It is a great mistake to suppose, as some appear to, that either the profession at large, or individual members of it, prosper by detraction. Criticism, even severe criticism, is not necessarily defamation. Neither do we admit that physicians are more quarrelsome than men in any other calling of life, notwithstanding the popular notion to the contrary; but in medicine, as elsewhere, we find that men have the same passions and impulses, the same poor human nature. So, too, among us, we may apply the same tests in determining the



animus of our members, as in society anywhere. Men of pure hearts and purposes, and lives full of earnestness, have their conflicts and struggles, but they do not indulge in bad words, or sullen tempers, or suspicious epithets. The bad man continually estimates his neighbor from the standard of his own heart. If a man has a red nose, especially if he is conscious that there is a good reason in his habits for his deformity, he passes through society continually observing noses! He sees a great many red noses, and imagines a great many more, and he regards them all as rum noses. A man who is lost to honor, and has a corrupt and festering heart, never finds anything worthy in the conduct of his associates: he looks upon every one with a constant peering suspicion.

The same principles of human nature, of course, pertain to medicine; and when we see men suspicious of the motives of professional neighbors, critical as to their practice or attainments, supercilious in their individual claims, making boastful assertions of their own capacity, and defamatory and deprecating criticisms on their neighbors, we are constrained to fear that, by some sad dispensation, we have got a man among us—with a red nose.

Be charitable, friends, courteous; the quarrelsome dogs of our profession, and the boastful ones, alike prosper for a time, but be assured that it is apt to be short-lived. Cultivate medical associations; cultivate honorable professional intercourse; cultivate yourselves. In due time the reward shall come in self respect, in professional esteem, in the growing respect of the public for your profession, which, honored by you, will be honored by it.

*A Lesson—Which will not be Heeded.*—Every man suspects himself of being a born editor; and a great many persons are sanguine that they can run a medical journal with great comfort and success. They try it now and then; well, they frequently succeed in *running* it. For a number of years we have received in exchange an excellent journal from San Francisco—*The Pacific*. But an attempt was made to improve on *The Pacific*; the improvement has suspended. Our friends in Baltimore have tried to sustain two journals, but we are glad to see they had the wisdom to merge; as the result we shall have one good journal, and, as we hope, well sustained. The same lesson is continually being read in various parts of the country, but mostly to unwilling listeners.

We do not deprecate the multiplication of medical journals where the draft on private enterprise is not too heavy; we regard it well, because physicians are thus more fully enlisted in their support and in contributions. But, as many a poor fellow learns to his cost, it requires patient endurance, time, varied business tact, and a variety of editorial qualifications besides, to insure the life and happiness of a medical journal.

*Spring Lectures.*—Last month we stated that the *Miami Medical College* would give a supplementary course of instruction as usual. The following is the programme: *Diseases of Women*, Prof. Stevens; *Therapeutics*, Prof. Taylor; *Diseases of the Eye*, Prof. Williams; *Life Insurance*, Prof. Clendenin; *Anatomy*, Dr. Perrine; *Venereal Diseases*, Dr. Judkins; *Physical Diagnosis*, Dr. Cilley; *Chemistry, Physiology, and Medicine of Urinary Diseases*, Dr. Mackenzie; *Surgery*, Dr. Kearney; *Obstetrics*, Dr. Miller; *Laryngoscopy*, Dr. Walton. This course is additional to the Winter Course, and no fee is exacted from regular matriculants; otherwise, \$20.

*The Ohio Medical College* gives the following course: *Physical Diagnosis*, Prof. Bartholow; *Operative Surgery*, Prof. Conner; *Ophthalmic Surgery*, Prof. Seely; *Operative Obstetrics*, Prof. Whitaker; *Urinalysis*, Dr. Cleveland; *Practical Anatomy*, Dr. Sloan. Fees, \$25.

Both courses begin March 15. The course at the Miami runs three months. The course at the Ohio, eight weeks.

*Montgomery County Medical Society.*—At the annual meeting of this Society, the following officers were elected: President, Dr. Richard Gundry; Vice-President, W. H. Thompson; Secretary, Henry S. Jewett. We have on file two valuable papers read before this Society, which will appear early.

*New Journal.*—*The Semi-Monthly Medical and Surgical Repertory* is the title of a journal, the first number of which is before us. We welcome it as an effort to resuscitate the medical literature of the South. It hails from Griffin, Ga., and is a respectable magazine of 16 pp., semi-monthly. We wish it all success.

*Chloral is Dangerous.*—Under this heading the *American Practitioner* cites the case of a consumptive lady to whom chloral

hydrate had repeatedly been given previously in doses of from ten to fifteen grains to allay coughing, and once or twice as a hypnotic in twenty grain doses, always with good results. On a late occasion, however, after taking a single dose of one scruple, obtained from the same druggist who had furnished it formerly, the patient passed quickly into sleep, and soon after fell into a state of alarming coma, which lasted for twelve hours. There was no uræmic poisoning, and the patient recovered.

Warning has already been given of the danger of chloral in cases where there is a tendency to respiratory embarrassment (*Medical Gazette*, October 8, 1870), but from the comparatively small dose given in the above example, and the fact that the patient had shown perfect tolerance of the remedy in similar quantities before, we should be inclined to suspect the quality of the drug last administered, especially as we have reason to believe that the article sold as hydrate of chloral is in a large number of instances poisoniously impure.

*Atlanta, Georgia.*—We regret to learn that the *Cotton Zone Medical Journal* enterprise is suspended for the present. In the meantime our friends at Atlanta have organized a vigorous Academy of Medicine, and we doubt not they will do valiant service for the profession in this direction, perhaps even more vigorously than as journalists. We have the promise of contributions from the Atlanta Academy, and our readers North and South will anticipate their reports with eagerness.

*Divided Medicines.*—In our advertising pages will found the card of Mr. Kraus, who proposes to prepare medicines in a new form of gelatine wafers; each wafer containing a definite dose, and presented in a form remarkably acceptable to the eye and palate. We commend Mr. Kraus to our readers, who will find his preparations elegant, and we doubt not of great convenience to those who prepare their own medicines.

*The Ohio and Kentucky State Medical Societies.*—We trust our readers will bear in mind the simultaneous meeting of these Societies in Cincinnati and Covington, April 4, prox. We can assure our friends that the profession of Cincinnati, Covington, and Newport are making their arrangements to extend a hearty welcome to their brethren who may visit us then, and in all respects those who lay off their business harness and throw aside their business cares will be well repaid for their attendance.



*New York Observer Year Book and Almanac*—*Public Ledger Almanac*.—We have been abundantly supplied with calendars for 1871. The first of the above named is a large register, containing very complete and valuable religious statistics; it is furnished to all subscribers of the *New York Observer*. The *Public Ledger Almanac* is very full of political information. We have received a similar almanac and register from the *Cincinnati Enquirer* office. These are each, in their way, of value, and exhibit commendable enterprise.

*Dr. O. M. Langdon*, late Superintendant of *Longview Asylum*, has taken rooms at No. 179 Race Street, where he may be consulted on diseases of the mind and nervous system from 9 to 11 A. M. and 2 to 4 P. M. daily

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*Extraordinary Case*.—Dr. W. B. Trull reports in the *Boston Medical and Surgical Journal* the case of a fisherman who had attacks of retention of urine, which he, by advice of a family physician, obviated by passing a long glass bottle, three inches in diameter, into the rectum and pressing against the bladder. But one day, on an emergency, he passed in a stone  $5\frac{1}{2}$  inches long,  $3\frac{1}{2}$  inches broad and  $2\frac{1}{2}$  inches thick, which weighed 1 lb. and  $14\frac{1}{2}$  oz. This would not come out, with or without help. On examination, it was found to have ruptured the rectum near the sigmoid flexure, and passed into the peritoneal cavity, whence it was extracted by an incision through the abdominal walls. In ten days the abdominal wound had healed, no peritonitis had occurred, and the patient was in a fair way to recover speedily.—*Michigan University Medical Journal*.

## Reviews and Notices.

*First Medical and Surgical Report of the Boston City Hospital.* Edited by NELSON BORLAND, M. D., Physician, and DAVID W. CHEEVER, M. D., Surgeon.

In the way of hospital reports, certainly nothing more attractive has been published in this country than the volume from the Boston City Hospital. Extra heavy paper, copious illustrations—mostly photographic—and a judicious use of the clinical material of the hospital. The publication must be regarded with great pride by the friends of clinical instruction. What especially appears to us commendable is the fact that the papers are not mere resumés of the literature of the various topics treated, but are made up of cases, statistics, and deductions from the experience of the hospital, and that is precisely what we want—definite and positive contributions of what each individual of a hospital staff has truly observed, carefully condensed and collated.

There is a history introductory of the hospital since its foundation in 1864, together with its plan, organization, trustees, and staff.

There are fourteen papers—medical, surgical, aural, ophthalmic, skin diseases, etc.—illustrated with twelve photographic and lithographic plates.

*Body and Mind.* By HENRY MAUDSLEY, M. D., London.—New York: Appleton & Co., 1871.

This is an interesting little monogram, consisting of the "Gulstonian Lectures for 1870," delivered before the Royal College of Physicians. The treatise consists of an inquiry into the mutual connection and influence which exists between the body and mind, specially with regard to mental disorders. The authority of Dr. Maudsley on these topics will render the little volume of special interest to those who are engaged in the study and treatment of the insane.

*Gynecological Record.* Boston: James Campbell, Publisher.—Dr. Joseph G. Pinkham, of the Boston Gynecological Society, has

prepared a book of blank forms for the use of the busy practitioner especially engaged in the treatment of diseases of women. It is not only convenient, but at the same time suggestive as to the inquiries that should be determined. The blank space intended for each case has: 1. The History; 2. Present Condition; 3. Physical Examination; 4. Diagnosis, and under this head each case blank has two wood cut illustrations—one an outline front view of the body; second, a section of the body showing the normal position of organs of pelvic cavity; upon these figures the actual gynecological lesion may be outlined or described. Following this is space for diary of treatment. The whole is neat and neatly gotten up.

*Reports from the Surgeon General's Office:*

*Circular No. 4, 1870.*—Consists of a report on barracks and hospitals, with description of military posts, and is prepared by Asst. Surg. John S. Billings, of the U. S. A., and upon these topics embraces a vast amount of information, especially valuable to army officers, but of interest to all.

*Circular No. 3, 1870.*—Gives the ground plans, situations, etc., for post hospitals.

*Annual Report of the Surgeon General, 1870.*—In which we have the workings of the department, appropriations, expenditure, etc., for the year ending June, 1870. The profession will be gratified to learn that "the printing of the medical volume of the first part of the Medical and Surgical History of the War is near completion." The army medical museum, under the fostering care of the Surgeon General, has become of great extent and value. To the medical man, there is, perhaps, nothing at Washington of greater interest, and we are glad to bear our testimony to the zeal and intelligence of Gen. Barnes in all his official duties and relations.

*Transactions of the Illinois State Medical Society, 1870.*—The meeting for 1870 was held at Dixon, May 17, 18, the reports embraced in the volume are upon interesting topics and carefully prepared. The Report on Practical Medicine, by Dr. Whitmore, embraces a paper by Dr. Young, discussing blood-letting as a remedy in pneumonia, and against its use. The Report on Surgery is by Prof. Gunn, and considers excision of the hip joint, Colles' fracture, and some other surgical points. There are other reports



on ophthalmology, otology, etc., etc. Dr. G. W. Albin, of Neoga, is elected President for 1871, and the next meeting of the society will be held at Peoria.

*Transactions of the American Ophthalmological Society.*—This association is growing in age and importance. The seventh annual meeting was held at Newport, July 21, 22, 1870. The volume of Transactions before us exhibits the industry of American Ophthalmologists, most of the leading operators of the country contributing to its matter—Drs. Knapp, Allin, St. John, Roosa, Delafield, of New York; Jeffries, Hay, and others of Boston; Noyes, Agnew, etc. Those interested in this department of surgery will read the Transactions with interest, as will all engaged in medicine.

*Woman and her Physician* is the title of Prof. Parvin's introductory address at the opening of the present course at the University of Louisville. It discusses the peculiarities, physical and mental, of woman; and naturally considers incidentally her fitness for the medical calling, and the qualities which fit men for the care of female diseases. His conclusion is that woman is not fitted by nature for the life and duties of a physician, neither do the mass of females desire their substitution for male medical advisers. There is nothing particularly novel in the views of the address, but it is clothed in the choice language peculiar to the professor, and does credit to his culture and his heart.

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*Adulteration of Wines* is easily discovered by means of the microscope. All wines that did not obtain their pigment—their color assimilated through the process of fermentation—can be proved through the microscope to be artificial. The natural wine (after evaporating a drop) shows a homogenous color; the artificial shows small colored globules, differing with the substances used for coloring the liquor.

## Obituary.

DR. ISAAC ROWELL, of the Medical Department Uni. Pacific, died January 4.

DR. J. RHEA BARTON, whose death in this city, on January 1st, has been announced, was born in Lancaster, Pa., in 1794. He was the son of William Barton, and the grandson of the Rev. Thomas Barton, who married the sister of David Rittenhouse, the celebrated astronomer. He was also a nephew of the celebrated naturalist and antiquarian, Dr. Benjamin Smith Barton. After graduating at the University of Pennsylvania, Dr. J. Rhea Barton commenced the practice of medicine in Philadelphia, and became distinguished as a surgeon, excelling particularly in the treatment of difficult cases. In the steady pursuit of his profession for thirty years, he acquired an ample fortune, which was largely increased by his marriage to the daughter of Mr. Jacob Ridgeway. He died of pneumonia.—*Medical and Surgical Reporter*.

DR. A. S. WEATHERBY.—Died of consumption at Cardington, Ohio, November 23, 1870, Dr. A. S. Weatherby, aged 33 years and 6 months. He was born near Chesterville, O., April 15th, 1837. Commenced the study of medicine under Dr. N. E. Hackedorn, of Galion, O., October 22, 1858, and graduated in the Cincinnati College of Medicine and Surgery, February 14, 1862. In March following he commenced the practice of medicine in Cardington, O., where he continued until his death. He was a man of great force of character and unbending integrity; an earnest Christian gentleman, ready for every great work. He was unusually ardent and laborious in his profession, and reached a degree of practical knowledge and success rarely attained by one of his age. He held honorable places of office among his medical associates, and his death is mourned by all who knew him. His end was that of the good man. A. J. L.—*Medical and Surgical Reporter*.

*The late Dr. William Hamilton.*—At a special meeting of the Jefferson County Medical Society, held November 22, 1870, at Steubenville, Ohio, the death of Wm. Hamilton, M. D., President

of the society, on the 21st inst., in the 81st year of his age, having been announced, the following resolutions were unanimously adopted :

*Resolved*, That the members of this society have heard with deep regret, of the decease of its venerable President, a member of the society from its organization, and probably larger engaged in the practice of his profession than any other physician in the county, if not in the State, having been engaged in active practice for sixty years.

*Resolved*, That in his death this society has lost a most worthy officer, and its members an endeared personal friend who, by his honorable character, genial sympathies, respect for the rights of others, his faithfulness and zeal in all professional duties, and in his zealous watchfulness over professional honor and purity, has left an example worthy of imitation.

*Resolved*, That to his bereaved family we tender our heartfelt sympathy, invoking for them heaven's choicest consolations, and assuring them that we will ever cherish in our hearts, pleasant memories of his life and labors.

*Resolved*, That we attend his funeral in a body, and that a copy of these proceedings be presented to his family, and that they be published in the city papers.

BENJAMIN TAPPAN, *Vice Pres't.*

ENOCH PEARCE, *Secretary.*

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*Married.*—At St. John's Episcopal Church, on the evening of January 19, 1871, by the rector, Rev. Mr. Elliot, A. P. Courtright, M. D., assistant physician at Longview Asylum, to Miss Annie M. Vattier, daughter of Dr. J. L. Vattier, of this city.

On the 29th December, 1870, by Rev. R. H. Pollock, at the residence of the bride's parents, S. S. Eberhart, M. D., of Burbank, Ohio, to Miss Sade McQuigg, of Wooster, Ohio.

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*Wanted.*—To buy a good location. For information, address this office.



THE CINCINNATI

# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—MARCH, 1871—No. 3.

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## Original Communications.

*Art. I.—On Artificial Anus, with a Case—Read before the Montgomery County Medical Society, January 5, 1871.*

By W. J. CONKLIN, M. D., Assistant Physician of the Southern Ohio Lunatic Asylum, Dayton.

Mrs. M —, act. 33, was admitted into the Asylum, September 12, 1870, suffering from an attack of acute mania. Previous to her admission she had been very violent and abusive to her family.

During the first few weeks of her residence here, she continued restless and excitable, destroyed her bedding and clothing, and, for a portion of the time, much difficulty was experienced in getting her to take sufficient nourishment, assigning, as the only reason for refusing, "I have to be killed."

She gradually improved in bodily health, her delusions became less prominent, and, in a short time, she was removed to a less disturbed ward, with fair prospects of a speedy recovery.

Shortly after the removal, as the attendant was unlocking her door in the morning, Mrs. M., without cause or warning, seized her by the hair and pulled it most vigorously. The same day she followed a lady into her room, smiling, and, seemingly in perfect

good humor, remarked, "O! how easily I could knock you down," and immediately struck her in the face. When asked why she did it, she replied, "My friends are enemies, and are plotting to hang me."

On the evening of the 25th of October, she went to bed quietly, and nothing occurred during the night to attract the attention of the night watch.

In the morning, being hastily summoned by the nurse, I found a tumor about the size of a large orange protruding through the abdominal parietes at the umbilicus. Drs. Gundry and Nune-maker arriving soon after, we proceeded to examine the tumor more carefully, and found it quite tense to the touch, pyriform in shape, and to consist of omentum and intestine. The surface was dry, congested from the interrupted circulation, and discolored by blood.

The viscera had evidently been protruding for several hours. The exact length of time it is impossible to ascertain, as her statements can not be relied upon. She claimed to have made the wound about 5 o'clock on the previous evening, but inasmuch as she walked around the ward until 8 o'clock, and as the nurse detected no signs of such injury in undressing her, her statement can hardly be correct. Even more conflicting were her stories as to the means by which the wound was inflicted, claiming, at different times, that it was made with a piece of glass, a common pin, and, again, with her finger nail. Nothing, however, was found about her bed or in her room to confirm her statements.

The loss of blood had been slight. The stained bed-clothing showed that she had vomited once or twice during the night. There was but little constitutional disturbance. She declared the doctor had been filling her up with sulphur, and that she had only let it out, stoutly maintaining, all the time, that the injury was a small matter, gave her no pain, and objected to having it dressed.

She was placed fully under the influence of chloroform, when several ineffectual attempts were made to return the viscera to the abdominal cavity. Dr. Gundry then enlarged the opening with a blunt-pointed bistoury, when, under slight pressure, the protruding mass returned with a gurgling sound. The external opening was now two inches in length, extending directly through and about equal distances above and below the umbilicus. The edges of the wound were brought together and secured by stitches

and adhesive straps. The following prescription was then made:

R.—Tinct. Opii. Deod.,  $\text{ʒiii}$ .  
Ext. Bellad. Fl., gttā. x.  
Aq. Cinnamon,  $\text{ʒi}$ . M.  
Sig. Teaspoonful every 4 hours.

Oct. 29. She vomited after taking her breakfast this morning, and between 7 and 8 o'clock in the evening vomited quite freely, after which she passed a quiet night.

Oct. 30. Bowels moved freely this morning. Has not vomited since last evening.

The wound seems to be healing kindly. There has been a total absence of the usual symptoms of peritonitis, excepting at one time a slight tympanitis, which rapidly passed away. In fact, there is nothing to contra-indicate a speedy recovery.

Nov. 2. The seventh day after the accident. In dressing the wound this evening I noticed an escape of gas, and, on removing the dressings the next morning, there was quite a free discharge of fecal matter from the wound.

The edges of the wound were gaping open, the suture at the inferior margin alone remaining, which was removed. The sinus was situated at the upper and outer portion of the wound, and could be readily probed to the depth of several inches, the probe passing inward and upward.

Nov. 5. The orifice is nearly round, the sinus better developed, and all of the excrementitious matter finds exit through it. The well-digested feces, their consistence and odor, as well as the direction of the sinus, point to the transverse colon as the seat of the lesion, and hence relieves all apprehensions of danger to life from deficient nutrition.

The opium was discontinued, and chloral in half-drachm doses given at bedtime. Citrate of iron and quinine was prescribed as a tonic; the nurse also instructed to give daily injections of soap and water at as nearly the same hour each day as convenient. Numerous attempts to discover a septum having failed, it was thought best to await the filling up of the wound in the abdominal wall, which was granulating nicely, before making any special efforts to close the sinus. In the meantime, a dressing of five grains of carbolic acid to the ounce of glycerine was applied, and a firm



compress was secured over the wound by a roller passing around the body.

Nov. 16. The external wound has almost healed, leaving a well-marked sinus, into which the middle finger can be readily introduced. The surrounding integument is reddened and covered with a crop of herpetic eruptions, due to the continued irritation from fecal matter.

Pressure was now made directly over the sinus, by means of a small but firm compress, fixing the abdominal muscles, as well as possible, by large adhesive straps. A day or two afterward a fullness appeared on each side of the sinus, which gave rise to some apprehensions, but soon passed away.

Nov. 21. Nineteen days after the formation of the fistula, she had a free and natural evacuation per rectum, while the nurses were preparing to give her an injection; a very slight fecal discharge was found at the artificial anus on removing the dressings. The enemas were discontinued.

Nov. 22. A free discharge from the artificial; none from the natural anus

Nov. 23. Bowels were moved naturally this morning, and have continued regularly since. The discharge from the artificial anus gradually became less from the above date, and by December 1, twenty-eight days after its formation, the fistula had entirely closed.

At the present date her general health is quite good; she, however, still retains some of her old delusions. It may be interesting to remark that at no time in the progress of the case, did she express a single regret at her act, complain of pain or manifest any when the wound was dressed, which was necessarily often required.

There is some doubt as to the immediate cause of loss of substance in the intestinal wall in the case just related. The appearance of the gut hardly warrants the belief that the sloughing was the result of strangulation. It may have been the indirect result of the lesion in the abdominal parietes. Hennen, in his "Military Surgery," says: "The intestine, though not primarily penetrated, yet sometimes sloughs from a wound in the abdominal parietes, and sometimes from the intrusion of art. In all these instances an artificial anus is produced."

These cases are, however, quite rare. It is highly probable that the intestine was injured at the time the external wound was

made. True, no lesion was observed when the mass protruded, but a small punctured wound could readily have passed unnoticed in the discolored condition of the parts. We have no means of knowing what treatment the viscera received at her hands—it may not have been of the gentlest.

*Artificial Anus*, the result of gunshot and punctured wounds of the abdomen, is of such infrequent occurrence and of such importance to the practicing physician that I beg leave to present to the society an abstract of some thirty-four cases gleaned from the various works and periodicals at my disposal. It is too true that a very large majority of such cases end fatally from fecal extravasation and the consequent peritonitis.

Hamilton\* places the mortality from gunshot injuries as high as nine out of ten cases; yet a few cases of undoubted lesion of the abdominal and intestinal parietes are reported which healed with no ill effects, and a still larger number with the formation of fecular fistulæ.

Hennen† relates the case of Sergeant Matthews, who was struck upon the "right side about one inch below the navel and three finger-breaths to one side." He walked fifty yards to the rear, from whence he was carried to the hospital. On the first night there was a slight watery oozing, which never returned afterward. He passed, per anum, on the sixth day, a small-sized rifle musket ball, enveloped in mucus. In a little over two months the wound was perfectly healed. He joined his regiment, and, in ten weeks afterward, an abscess formed externally. About this time pieces of cloth were passed at stool. His general health became good, and he suffered but little inconvenience.

Hennen also gives references to many similar cases.

Prof. John Neill‡ reports the case of a boy who received the discharge from a pistol, loaded with five gravel-stones, in the left side of the abdomen, about two inches above the anterior spine of the ileum.

The wound was two inches and one-half an inch in width; filling up the orifice was a small black knuckle of intestine. Two gravel-stones were removed from the wound at the time of the accident. During the night of the third day he passed, per anum, a pebble about the size of a pea. The passage of this pebble gave

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\*Military Surgery, p. 342.

†Military Surgery, p. 320.

‡Medical Examiner, 1854. Quoted in "Eve's Surgical Cases."

the first intimation that the intestine had been perforated. The following day another, and in a few days the fifth, made its appearance in the stool. In seven weeks he was discharged, cured.

Prof. Hamilton\* gives a case coming under his own observation, in which the ball passed by the rectum on the fortieth day, and has collected three similar cases, in which the balls were passed successively on the fifth, seventh, and second day after the injury. These cases, at the time the reports were made, had all either recovered or were able to be around, with fair prospects of a speedy restoration to health.

Circular No. 6 of the War Department details the case of private Dowdy (a rebel). A conoidal musket ball entered at the tip of the ensiform cartilage, and was discharged at stool fourteen hours afterward.

T. Longmore† reports a case from the Crimean war, in which the ball and a piece of cloth passed per rectum.

These cases, though scarcely occurring with sufficient frequency to remove them from the curiosities of surgery, are of interest in illustrating the surgical powers of nature. If nothing more, they serve to impress us with the importance of examining the rectal evacuations in those cases in which the foreign body has lodged in the abdominal cavity, and also to corroborate our suspicions of intestinal perforation in doubtful cases.

A more frequent result in wounds similar to those above detailed is the formation of fecular fistulæ.

Baron Larrey‡ gives the following cases :

*Case I.*—Ball entered the left flank, traversed the peritoneal cavity, perforated the colon, and came out at the lumbar region of same side. During two days, liquids taken into the stomach flowed through the abdominal wound. The wound had closed in September.

*Case II.*—Count Belliardo was wounded in a similar way at the revolt of Cairo, and was treated with the same result.

*Case III.*—An iron bar entered the right flank and perforated the ascending colon. Feces escaped from wound for nine days. He left the hospital cured.

Hennen records three cases :

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\*Loc. Cit., p. 356.

†Med. Chir. Rev., 1832.

‡Holmes' System of Surgery.



*Case IV.*—A soldier was struck by a splinter of a shell in the right side of the abdomen. The contused parts sloughed off in six days. For four months the feces all passed through the artificial opening. In five months the fistula had closed.

*Case V.*—The ball entered on the right side, exactly over that part of Poupart's ligament under which the artery runs, and passed out on the left side, at a point nearly corresponding to that at which the sciatic nerve and posterior crural vessels pass. In going to stool excrementitious matter and clotted blood issued from both orifices. In five weeks the posterior orifice closed, but soon reopened; this occurred three times. He finally recovered, with slight paralysis of the expulsive muscles and a slight limp of the right limb.

Prof. Kinloch\* reports the following:

*Case VI.*—Lieut. B. was wounded October 22, 1862: "The ball entered below the right anterior superior spinous process of the ileum, traversed the abdominal cavity obliquely upward from right to left, making its exit about three inches to the left of the median line and below the umbilicus." On the eleventh day feces began to be discharged from the orifice of entrance. Four months afterward there were several diffusive fecal abscesses discharging, and connected with sinuses, leading into the fistulous orifices of entrance and exit. For a fuller history of this interesting case, and the operative proceedings adopted, I must refer you to the *Journal*. The report continues until nearly four years after the wound was received; at which time his general health was good, and, although fecal matter was still occasionally discharged from the opening, by attention to his diet, he was able to attend to business.

*Cases VII to XIII.*—Circular No. 6 gives a synopsis of seven cases caused by gunshot wounds. The fistulas discharged excrementitious matter for periods varying from four to ten months. They all closed without operative interference.

*Cases XIV to XXV.*—Hamilton† notes twelve cases falling under his own observation, or reported by surgeons, in the war of the rebellion. The length of time that feces were discharged from the artificial opening, in these cases, ranged from a few days to six months, by which time they all closed spontaneously.

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\*American Journal of Med. Sciences, July, 1867.

†Loc. Cit., pp. 331-353.

*Case XXVI.*—Dr. Rawson\* reports the case of a man who was stabbed in the abdomen; the wound beginning one and one-half inches above Poupart's ligament, on the left side, and extending four and one-half inches upward and outward. The bowels protruded, but were returned before the arrival of the surgeon. The wound healed readily, excepting about one-half an inch at the outer angle. On the ninth day, feces, very unexpectedly, appeared at the orifice. On giving an enema, a portion flowed out of the wound, thus locating the lesion in the descending colon. In three weeks the artificial anus closed.

*Case XXVII.*—Surgeon Peters† gives the history of a soldier who was wounded at the battle of Gettysburg:

The ball entered the right gluteal region, midway between the right great trochanter and the corresponding sacro-iliac symphysis, and made its exit just above Poupart's ligament, near the left external ring.

When admitted into the hospital, eleven days after the injury was received, the abdomen was distended, tympanitic, and tender to the touch. Gentle pressure over the abdomen caused gas and feces to escape freely from the anterior wound. A catheter introduced into the bladder drew off a small quantity of very offensive urine, mingled with liquidated feces, thus showing both the intestines and bladder to have been perforated. The contents of the bowels escaped from time to time through the artificial anus. In two months he left the hospital on a furlough; and, says Dr. Peters, "was by us then considered almost a well man."

*Case XXVIII.*—Dr. S. W. Gross‡ gives the following:

A soldier, during the retreat of his regiment, was struck in the back by a conical pistol-ball, which traversed the lung and pointed between the ribs, an inch to the right of the nipple.

In addition, he received a sabre cut in the back, which subsequent events proved to have wounded the descending colon. A vigorous cathartic, given by another physician, produced copious discharges, which passed almost entirely through the sabre cut. In less than two months he was, according to the report, "nearly ready to resume his duties."

*XXIX.*—Dr. G. F. Shrady|| gives the history of a sergeant,

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\*Amer. Med. Times, January, 1864.

†Amer. Med. Times, March, 1864.

‡Amer. Med. Times, January, 1864.

||Amer. Med. Times, August, 1864.

admitted into Central Park Hospital, with a gunshot wound of the rectum of over two weeks' standing. The ball entered the right buttock, a little above and posterior to the trochanter major, traversed the pelvic cavity, and emerged from a corresponding situation on the left side. Fecal matter was discharged from both wounds. The discharge from the right wound ceased in the course of the third week. For a month longer nearly the whole of the fecal matter found exit through the remaining wound; the discharge gradually grew less, and finally ceased. Enema, however, were required to produce a stool, and a portion of the injection, "tinged with stercoraceous matter," was found to escape at the wound. Everything about the man indicated a speedy recovery, when he was attacked with diphtheria, and died in twenty-four hours. Post-mortem examination showed "no escape of feces into the pelvic or peritoneal cavities." "An opening sufficiently large to admit the end of the little finger, was discovered on the posterior surface of the rectum, and which communicated, by means of a fistulous track, with the external wound. There was a copious deposit of fibrinous tissue in the neighborhood, and there is no doubt but that the whole would have healed up in a short time. The track of the wound, from the point of entrance of the ball to the gut, was entirely healed.

*Case XXX.*—Dr. Tulloch\* reports the case of a soldier, in which the ball entered between the tenth and eleventh ribs of the left side, passed downward and backward, and escaped about an inch and a half to the left of the spine, close to the crest of the ileum. On the second day, feces passed from the posterior opening. Two months afterward, he was attacked with dysentery; stools, containing blood and mucus, were passed from natural and artificial ani. The patient soon after passed from under observation. Two years afterward, it was ascertained that he had completely recovered.

*Case XXXI.*—Mr. Morton† mentions the following case occurring in the present Franco-Prussian war:

A Prussian captain was shot in the left side of the abdomen, the ball making its exit in the left lumbar region. Fecal matter passed through the posterior opening. "On the twenty-second day after the injury, air escaped into the cellular tissue, and

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\* Med. Times and Gazette, September, 1860.

† Med. Times and Gazette, November, 1870.



emphysema became general over the abdomen, chest, and lower extremities. He died on the twenty-fifth day." There was no symptom of extravasation into the cavity of the peritoneum.

T. Longmore, Esq.,\* reports only one case as having occurred in the Crimean war.

Dr. Williamson records two cases of abnormal anus among the wounded who returned from the Sepoy mutiny.

The experience in the late war has given rise to a more hopeful feeling than was formerly entertained by the profession as to the curability of fecal fistula. At one time operative interference was deemed necessary in the larger number of cases; now, writes a distinguished author, "It is my present opinion that the majority of these cases will get well spontaneously, and not an inconsiderable portion very speedily, if simply allowed to take their own course."

The above collection includes every case of artificial anus, following wounds of the intestine, recorded in the works and journals to which I have had access. Those cases alone were taken in which nature formed the anus without the aid of art.

Briefly analyzing twenty eight cases, the reports of which give the length of time fecal matter was discharged, we find that:

Eight ceased to discharge within one month.

Eight ceased to discharge within two months.

Six ceased to discharge within six months.

Two ceased to discharge within one year.

Four were still open when the report closed, and were probably cases of permanent fistula.

Of the successful cases, all recovered with only the simplest treatment on the part of the surgeon.

The patients were kept as quiet as the circumstances would admit, the diet carefully regulated, and opium administered liberally in the earlier history.

After the establishment of the artificial anus, the prognosis, as to the preservation of life, depends upon the portion of the intestines suffering the lesion. Inanition, from the escape of the partially digested food before it has been sufficiently taken up by the absorbents, is the most common cause of death; and the danger from this cause is the greater as the orifice is nearer the stomach. Fecular fistula, then, of the larger bowel, of which the

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\*Holmes' System of Surgery, vol II., p. 207.

majority of the cases quoted are examples, are less likely to result fatally than those of the smaller intestines. In fistula of the smaller bowels, especially in the jejunum, it will be necessary to hasten as much as possible the closing of the abnormal opening. Sir Astley Cooper relates several cases in which the food appeared at the orifice in half an hour after it was taken into the stomach. They proved fatal by the third week, and post-mortem examination showed the sinus opened into the jejunum.

The spontaneous cure of the fistula depends upon the length of its duration and the loss of substance in the gut. However, "Smith's Year Book," for 1859, contains the report of a case of fifteen months' duration, which was cured in nineteen weeks by merely imposing the recumbent position and restricting the diet to fluids. The danger in cases of long standing is partially from disuse of the lower bowel, which, like all other portions of the economy, atrophies from disuse. Hence, as a preventive measure, the lower bowel should be stimulated by an occasional enema. When a fistula has recently closed, or the discharge is gradually growing less in amount, enemata should be wholly relied upon to relieve the bowels, as purgatives may reopen the sinus. Dr. Parish\* relates the case of a lady who had an artificial anus at the umbilicus. When the discharge had about ceased, she took a dose of sulphate of magnesia to open the bowels. "During the operation of the medicine, the sore was reopened and the discharge was renewed as copiously as at first."

The loss of substance in the intestinal wall regulates the size and prominence of the spur, or septum, which proves the barrier to the downward passage of the fecal matter. This septum is simply the posterior wall of the intestine drawn toward the external orifice by the contracting of the intestinal caliber, which takes place on the cicatrization of the wound. If a large portion of the cylinder has been destroyed the walls assume a parallel situation, the septum reaches the external orifice, and gives rise to the double-barreled appearance. As the fistula becomes better established, the spur no longer divides into equal portions the bottom of the funnel into which the ends of the gut open. The pressure downward, from the constant flow of fecal matter, causes it to approach, and oftentimes act like a valve to close the lower open-

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\* On Hernia, p. 118.

ing. In these cases nature, unless aided by the surgeon, will often fail to bring about a cure.

Various measures have been devised for this purpose. A compress made to exert a gentle pressure directly upon the spur, continued for several hours each day, and gradually increased from day to day, will oftentimes prove the most effectual as it is the simplest mode of procedure. The patient should remain in the recumbent position, so that gravity may aid the mesentery, which, from the nature of its attachments, is constantly drawing the free surface of the gut inward. The pressure must be gently made. Cases are recorded in which pressure too great, or too suddenly applied, has ruptured the adhesions and led to fatal extravasation.

This method failing, the only resource left is the destruction of the septum. This, in most cases, can be best done with a metallic ligature.

The ligature having been applied around the septum, as low down as possible, should be twisted together very moderately at first, as it is only desired to light up sufficient inflammatory action to secure the adhesion of the adjacent surfaces of the gut. When this adhesion has been effected, the portion included in the ligature may be removed with the knife or allowed to come away with the ligature. The enterotome of Dupuytren, which proved so successful in the hands of its distinguished inventor, with the modifications made by different surgeons from time to time, is now rarely used, the severing by ligature being the safer, though slower method of procedure.

Prof. Gross\* writes: "Artificial anus, caused by wound of the bowel, is always extremely difficult to cure, owing to the small size, or entire absence of an intervening spur admitting of the application of the seton or enterotome."

His experience, as thus recorded, is not corroborated either by the authorities we have consulted, or the cases we have collected. It is at variance with the law we have already educed, *i. e.*, the curability of the deformity depends upon the prominence of the spur. He himself says, in a preceding paragraph, that certain measures will often bring about a cure "if the spur-like process between the two cylinders is not too large or prominent." We do not see wherein the entire absence or small size of the spur is such an unfavorable element, when the only object of operative

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\*"System of Surgery," p. 721, vol. II.



proceeding is the destruction of this process. An artificial anus after an operation is in precisely the condition described above as so unfavorable. If there is no partition between the two orifices, and the lower bowel has become atrophied from long-continued disuse, it is only necessary to close the opening in the abdominal wall to cause the fecal matter to pass along the natural route. The measures needful to close the external opening will, of course, vary with the circumstances of the case.

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*Art. II.—Pregnant Uterus with Occluded Vagina.*

By Dr. A. F. WEST, Clay County, Illinois.

The past summer I had what to me was a novel case of pregnancy, and which is here submitted to your readers.

May 8th. Mr. M—— gave me the symptoms of his wife. I replied, "She has billious fever and is pregnant." He replied, "That is impossible." "How can that be," said I. He replied, that, "Fifteen years ago she gave birth to a child, which did not survive, and was torn from vagina to anus; and by bad treatment she grew up so that there is not a hole so large as a goose quill." I called on Mrs. M—— the following day, and found her pregnant and "*grown up*" sure enough.

She is 39 years of age; has given birth to three children; the two eldest, a daughter and a son, now living, aged respectively 19 and 17 years. The last with result as aforementioned.

I informed Mr. M—— of his wife's condition, and requested him to keep it from her till she should recover from the attack of bilious fever.

July 10th. Mrs. M—— was informed of her sad condition. This she had feared before, but thought it impossible. I advised an operation, which she at first declined, but becoming aware of the inevitable consequences at last consented.

I thought it best to call on Dr. C. K. Hendee, a cool and skillful surgeon, of Flora, Clay County; accordingly he was sent for, and arrived July 21st. He found Mrs. M—— greatly excited, fearing death from operation; pulse 115; vagina *occluded* or constricted to a canal three-sixteenths of an inch in diameter, and three-

fourths of an inch in length (actual measurement), by a band of whitish, dense, and non-elastic tissue. This canal had its entrance just posterior to the meatus urinarius, and the constriction commenced on a line with the carunculæ myrtiformes involving the glands of Bartholine. The perineum had been lacerated and torn in a terrible manner, as was evident from its cicatrized condition.

Chloroform was administered, and Dr. Hendee proceeded to operate—making an incision from the posterior surface of the aforementioned canal, back to the sphincter ani muscles, then two lateral incisions, one on each side of said canal, outward and upward. The segments of non-elastic tissue, thus formed, were severally excised, making an opening into the vagina sufficiently large to introduce a speculum.

This being accomplished, it was discovered that *nature* was making an effort to abort—the os uteri being dilated enough to admit the ends of two fingers; and from all the signs it was believed that the fetus was dead, and as it was evident that it could not be born alive at full period of gestation, it was thought best to assist nature and insure deliverance as soon as possible. Accordingly the membranes were ruptured, and the waters allowed to escape.

During the operation there was considerable hemorrhage from severing branches of the pudic artery, but was suppressed without ligation.

To guard against the possibility of the parts again closing up, Dr. Hendee introduced a bivalve speculum (previously smeared with glycerine and carbolic acid), put them on a gentle stretch, with orders (except for necessary cleansing) that it be not removed until the wound was healed.

All this being done, Dr. Hendee left the case in my hands.

July 22. Fetus still retained; pulse 110; complains of much pain and greatly excited. Being previously advised by Dr. Hendee, should occasion require, I gave her  $\mathfrak{H}$ ij hydro chloral.

23d. Pulse 120; hydro chloral gave rest and sleep, yet suffers much. Fetus not expelled.

24th. Strong labor pains came on, and believing fetus dead, and impossible for it to be delivered otherwise, performed craniotomy, delivered the child which had evidently been dead several days, as it was much disorganized; but was unable to remove the placenta, the opening to the vagina not admitting the hand.

25th. Pulse 140; tongue coated and dry; placenta retained; discharge from uterus very offensive. Dr. Hendee again sent for.

26th. Saw patient with Dr. Hendee; found patient in much the same condition as yesterday; and as placenta could not be removed without great danger of violence, Dr. Hendee advised to trust nature to expel it in the usual way, or by sloughing, or absorption; also advised injecting a solution of carbolic acid into the uterus, entirely removing the offensiveness of the discharge.

From this time to September 3—when she was discharged convalescent—Mrs. M—— continued to improve, with occasional “draw backs.” There was, however, in the meantime a large abscess in the axillary space, which was opened August 20.

I have omitted the general constitutional treatment, fearing to make this article too tedious.

Query—1st. How could conception have taken place? 2d. What became of the placenta?

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*Art. III.—Case of Traumatic Tetanus—Belladonna, Tobacco, Hydrate of Chloral—Cure—Treated by Dr. Adams Jewett, of Dayton, Ohio.*

Reported by HENRY S. JEWETT, M. D., of Dayton, Ohio, and read before the Montgomery County Medical Society, January, 1871.

Mrs. D. B., aged 53, residing about four miles north of Dayton, in a very malarial district on the Great Miami river, of a lymphatic temperament, not robust, but ordinarily enjoying pretty good health, while walking in the yard early on the morning of June 28, 1870, tripped her foot and fell, striking the end of the right thumb against the hard ground with such violence as to dislocate the terminal phalanx upward and backward, tearing the soft parts widely in front of the joint so as to expose plainly to view the lower extremity of the upper phalanx. She came immediately to the office of my father, Dr. Adams Jewett, who, not very strong, attempted, unsuccessfully, to reduce the dislocation, applying with his hands such force as he well could and thought prudent to use. Dr. John Davis, of this city, was then called in, and, having great



strength, soon reduced the dislocation. Water dressings were applied. Four days later she returned to the office and again four days after. There had been much pain, but little constitutional disturbance. The wound was suppurating.

Friday P. M., July 8 (ten days after the accident). My father was sent for and I accompanied him, and, from that time till the end, observed the case and made notes regularly.

Found her dressed and sitting up; thumb considerably swollen, bluish; wound suppurating, painful, but not excessively; natural feeling in the thumb and arm, but occasionally twitches. Using flaxseed poultice, which was thenceforward continued; complained of queer sensations in her right arm and shoulder; stiffness in tongue so that she protrudes it with difficulty, also in jaw and neck; thinks she noticed some stiffness near a week ago; a slight chill the last two nights; looks natural; pulse 75, normal, costive; cathartic ordered, and quinine grs. iij in tablespoonful of whisky every two or three hours.

Saturday, July 9. Sitting up; stiffness apparently somewhat increased, otherwise little changed; pulse 80 to 82; quinine and whisky continued; fl. ext. belladonna to be applied externally to the jaws and neck.

Sunday, July 10, 10½ A. M. In bed; can not move without assistance; stiffness everywhere increasing; paroxysmal cramps in back, drawing the body backward, so that during the paroxysms the back does not touch the bed, but she rests on neck and hips; paroxysms occasion intense suffering; pulse 84; not much pain in thumb; wound suppurating; quinine to be continued; in addition, fl. ext. bellad. gtt. xx, every six hours, and bellad. liniment to spine; hydrate of chloral, grs. xl, at night, to procure rest.

Monday, July 11, A. M. Mrs. B. slept some last night; can not rise up in bed or sit up without support; complains severely of internal spasms, but has less pain in back; can protrude tongue with difficulty, and only about half an inch; bowels costive; pulse 102; continue fl. ext. bellad. gtt. xx, every three hours, till characteristic effects are produced, and then continue every six hours; liniment and bellad. and chloroform to spine; cathartic, chloral, grs. xl, at night.

Evening visit, 7 P. M. Usual effects of belladonna developed; has had considerable delirium; previously, not the slightest derangement of the intellect; can not move without help.

Tuesday, July 12, 10 A. M. Paroxysms less frequent and less

violent; jaw less rigid; swallows with less difficulty; some sleep last night, attributed by patient to chloral; head, which had been all the time for days drawn back, can now be slightly bent forward; pulse 104 to 108; bowels have been freely moved; continue bellad. in 10 drop doses once in three to six hours.

At 7 p. m. looks worse; paroxysms of pain more severe; deglutition more difficult; talks deliriously, but when spoken to gives rational answers; continue bellad. gtts. vj, every three to six hours; liniment as usual to spine and neck; chloral xl to l grs. and repeated, if necessary. Up to this time she had taken in all 160 grains, always with at least temporary relief.

Wednesday, July 13, 9 A. M. Mind clear; countenance more anxious; distressing spasms more severe and frequent; pulse 120; discontinue the bellad. Tinct. of tobacco (of the same strength as the officinal wine of tobacco—that is, 45 grs. to the ounce), a tablespoonful every hour till under its influence; chloroform liniment to spine.

Evening. Has taken three doses of the tobacco without any very depressing effects, but she perspires freely; pulse 84; countenance more natural; spasms violent and frequent, and she clamors for the chloral as the only thing which she feels to give her relief; has taken of it in the last twenty-four hours 160 grs., making in all up to this time 320 grs.; continue it at discretion of patient and nurse; tobacco once in three hours.

Thursday, July 14, 9 A. M. Spasm had been frequent; but under the influence of chloral slept most of the night; took three doses, 40 grs. each; only one dose of tobacco since yesterday's visit, at 5 o'clock this morning; pulse 102; treatment to be continued.

Evening visit. Has taken two doses of tobacco and two of chloral (grs. xl each), one at 9 this morning, the other at 1 this afternoon, and has rested a good deal; pulse 100; expression of countenance good; continue tobacco once in three to six hours; chloral at discretion.

Friday, July 15, 9½ A. M. Slept a good deal last night, having taken chloral, grs. xl, at 9 last evening and again at 1 this morning; has taken also three doses of tinct. of tobacco, and now has tobacco leaves over epigastrium, put on at her own suggestion or that of the family, and often resorted to subsequently when the spasms were very painful.

Evening visit. Distressing nausea from tobacco, of which she

has taken three doses since the morning visit; trunk drawn backward all the time, but spasms less severe, recurring about once in ten to fifteen minutes, causing her then to groan with pain; expression of face good; during the day has taken considerable beef tea, but swallows with difficulty; has taken since morning visit chloral twice, once at 10 A. M. and once at 1 P. M., grs. xl each time; treatment continued, but only half teaspoonful of the tinct. of tobacco at a dose.

Saturday, July 16, 10 A. M. In a deep and apparently natural sleep in which we left her; pulse 114; expression of face natural; skin warm and moist; since last evening's visit has taken two 40 gr. doses of chloral, the last dose at 3 A. M.—seven hours ago—and twice the diminished dose of tobacco; little tobacco was taken subsequently, but at the discretion of the attendants, tobacco leaves were often applied over the epigastrium to relieve spasm; port wine containing quinine to be taken once in four hours; chloral and tobacco leaves *pro re nata*.

Evening visit, 6½ P. M. Expression good; mind clear, as it has been all the time, except when under the influence of belladonna; opens her mouth and puts out her tongue better; little pain in back, chest, or anywhere, and very few of the awful “jerks,” and those comparatively light; bowels confined.

*Enema.* Chloral and tobacco poultice, *pro re nata*., continue wine and quinine, and pay especial attention to nourishment.

Full notes were taken subsequently, but a short resumé of the case will perhaps be all that may be required or your space allow:

First day of treatment, July 8. Cathartic and quinine.

Second day. Quinine and external use of belladonna.

Third day. Quinine with belladonna, both externally and internally, and for the first time chloral at night to be repeated in case of extreme suffering.

Fourth and fifth days. Belladonna externally and internally and chloral as above.

Sixth, seventh, and eighth days. Tobacco resorted to; chloral at discretion of patient and attendants.

Ninth day. Internal use of tobacco discontinued, but the external use continued, by spells, as long as tetanic symptoms manifested themselves.

Up to the ninth day chloral was employed as an adjuvant of quinine, belladonna, and tobacco—subsequently it was the only



remedial agent really relied on and was continued to the end—doses never greater than 40 grs., and gradually reduced to 30, 20, 10, and even 5 grs. In all, 2920 grs., or  $\text{Зvj} \text{ Ѳij}$  were used. The patient had full faith in it—always felt that it did her good.

Tetanic symptoms, indicated at last by slight twitches, did not entirely disappear till August 23.

July 22, she complained of distressing burning in her legs, though the surface was cold. This continued several days, and then she complained of pain and weight of her limbs. Edema of lower extremities was first *noticed* July 30, and lasted till September 8. She began to sit up August 19, and September 4 was able to go to her meals with the family and had no recurrence of tetanic symptoms from that time, but she has had repeated attacks of chills and fever.

During the whole treatment nourishment was strenuously insisted on; bowels relieved from time to time by enema; quinine was taken at different times; also wine and whisky, but never in large doses. Tinct. of chloride of iron, with acetate of potassa, were used to a considerable extent during the edema of the lower extremities.

Dr. John Davis, of this city, visited Mrs. B. in consultation with us six times, and Dr. Luther Jewett, of Lafayette, Indiana, once.

Mrs. B.'s dislocated joint remains stiff. The reduction required much force in combined extension and flexion. In view of this, and especially of the tetanus which followed, would it not, perhaps, have been better to have removed the lower extremity of the upper phalanx of the thumb before reduction, as recommended by Druitt?

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#### *Art. IV.—A Case of Novel Application of Chloral Hydrate.*

By T. CURTIS SMITH, M. D., Middleport, Ohio.

On November 17, 1870, I was called to see Mr. F., who was suffering with strangury. On the 30th of April, he had received severe injuries in the coal bank from falling slate. Among other injuries, the urethra was ruptured at its membranous portion. It

was found to be impossible to reach the catheter of any size, and, the bladder being fearfully distended, was punctured with an ordinary trochar, by Dr. D. C. Rathburn, of this place, and the canula allowed to remain. The man so far recovered as to be able to go about and attend to light business.

On the date above mentioned, the strangury occurred; no doubt produced by sleeping in a cold, damp room. All attempts to pass a catheter utterly failed, being only able to reach the point of original rupture, where there seemed to be a large cul-de-sac, into which the urine gradually but very slowly entered, and thence dribbled away. When I saw him he had already been suffering thirty-six hours.

The bladder was frightfully distended, and the suffering very great. After many fruitless attempts at catheterization, I ordered a warm hip bath, to be followed with large hot fomentations, and pulvis doveri, grs. x, every two hours. Warmth was applied to the extremities and body, sufficiently to produce free diaphoresis. This occurred at 2 P. M. At 6 P. M. has rather less pain, but can not urinate. This state continued to 10½ P. M., when I called to see him, with assistance; chloroform and trochar at hand, to puncture the bladder through the rectum, against which it was pressing very hard, and felt like a large, almost solid tumor. The pain was excruciating. I hesitated, not wishing to subject my patient to the risk of infiltration of urine, and consequent uremic poisoning, which might occur through the solution of continuity in the natural structures that would naturally attend even so slight an operation. Many plans for his relief were rapidly suggested to my mind and rejected, except the one adopted. I ordered the following:

R.—Chloral Hydrate, ʒii.

Syr. Simple, ʒii.

M. S. Two drachms every fifteen minutes till profound sleep is procured.

After the fourth dose he slept heavily. This continued for seven hours, during which the spasm of the muscular spineter was completely relieved. On waking at 6 A. M., on the 18th inst., the patient found his bed deluged with urine, but was free from pain or vesical detention. Since that date the experiment has been thrice successfully repeated on the same subject. The remedy no doubt proved beneficial, by producing complete muscular relaxation of the involuntary fibers that produced the strangury.

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*Art. I.—Notes of an Interesting Case—History—Post Mortem—Commentary.*

By C. D. PALMER, M. D., Professor of Obstetrics, etc., Medical College of Ohio.

At 5½ o'clock, P. M., January 5th, I was called in haste to the southwest corner of Dayton and Freeman streets. Arriving, I found the body of a woman carelessly thrown upon a bed—dead. There was a slight contusion of the integument of the left side of the face; marked venous congestion of the face and hands; body warm, no rigor mortis. The appearances of the body were such as to give evidence that death had taken place but a few minutes before.

A coroner's inquest was held the next morning, at which the following facts were brought out in the testimony of the husband and other witnesses:

Deceased was aged 33; had three children (youngest several years old) by her first husband. By present husband, during a married life of one and a half years, had no children or miscarriages. Her general health was good, and she presented appearances of health, although she had been a sufferer from pain, constant leucorrhea, frequent attacks of menorrhagia, and metrorrhagia. For several years, she had used, upon some one's recommendation, a vaginal wash of alum water (prepared by herself), with Davidson's syringe, from which she obtained partial relief from the above-named symptoms of her disease. During the past four months, she had at times indulged the opinion that she was pregnant. Prior to December 10th. had missed two menstrual periods, since which time she had menstruated (as she thought), and then, in consequence, had abandoned the above idea. She had employed no physician for more than a year.



The morning and afternoon of the day of her death, she had attended to her domestic duties, and seemed as well as usual—but had expressed herself as feeling tired. The outside door of her rooms had been locked most of that afternoon, for several callers to the door had turned unheeded. At 4 o'clock she was heard walking across the floor of her room, from below. At 5 o'clock she was found dead, lying upon her face, with a basin of from four to six ounces of a saturated solution, and granular sediment of alum, standing on the floor on one side of her body, and the syringe on the other, by the husband, who had succeeded in entering his apartment through a door of an adjoining room (tenement house) occupied by another party. He immediately sent for me, and lifted his wife on the bed, which explains the position in which she was found by me.

The testimony being unsatisfactory as to the cause of her death, the coroner, *Dr. Underhill*, requested me to make a post-mortem examination.

POST MORTEM: Examination, made eighteen hours after death, revealed externally rigor mortis well marked; slight contusion of face just below the left eye; great venous congestion of the face and posterior surface of the body. No edema face, vulva, or feet. Body well nourished. Mammary glands enlarged: their hypertrophy uniform. Nipples and areola show evidences of former pregnancy.

SECTIO CADAVERIS: (1). *Abdomen*—Peritoneum and abdominal viscera healthy. Slight intra-pelvic peritoneal adhesions. Bladder nearly empty; healthy.

*Uterus*, enlarged; body of it partly within the abdominal cavity; walls greatly thickened, softened, from chronic hyperemia and pregnancy; deciduous membrane thickened, softened; its vessels unduly enlarged, more than could be explained by pregnancy, showing unmistakable evidences of old, long-standing corporeal endo-metritis, and hyperæmia of parenchyma of the organ.

*Decidua, vera*, was partially detached.

*Placenta*, to superior and right, softened, diseased (congestion?), partly detached. Decidua and placenta, in places, had appearance as if they had been immersed in a mineral astringent.

*Ovum*, in the fourth month of utero-gestation, entire, surrounded with decidua reflexa. Small amount of clots within decidual cavity, appearing as if coagulated with an astringent.

*Os uteri*, very patulous.

*Cervix uteri*, ulceration (granular degeneration) of infra-vaginal portion, and within cervical canal. No signs of contusion or laceration of its tissue seen on the most careful inspection.

*Vagina*, much relaxed; no contusion or laceration.

*Ovaries*, healthy. The left contained a well developed corpus luteum of pregnancy five-eighths of an inch long and three-eighths wide.

2. *Thorax*: lungs, hypostatic congestion (post-mortem). Pleuræ; numerous, old and strong pleuritic adhesions on the right; slight ones on the left. No fluid.

*Heart*: Pericardial cavity contained 3j serous fluid. Walls healthy. No disease of valves. Right auricle filled with clots. Right ventricle contained clots to less extent. Right auriculo-ventricular opening obstructed with same. These clots resembled those found within the uterus. Left side heart empty. Vena cava engorged with blood.

In view of the facts elicited on my first and only visit to deceased, and that after her death, the testimony of witnesses, and the evidence afforded by the autopsical examination, the cause of death seems evident.

It appears from evidence that Mrs. S—— had used, as had been her habit for years, a vaginal injection of a saturated solution of alum, with Davidson's syringe, the afternoon of her death. Now, either accidentally or intentionally, she had forced the same within the cavity of the uterus, exterior to the membranes of ovum and epi-chorial decidua. The uterine sinuses enlarged pathologically, by chronic endo-metritis of long duration, together physiologically, by the stimulus of pregnancy, and then laid bare in places by detachment of the placenta and decidua, afforded a ready way of entrance for the astringent to within the venous circulation. Then, rapid coagulation of blood followed the passage of these clots to the right side of the heart, probably further clot formation there, and as a result, almost instantaneous death.

This case has been to me, as doubtless also to others, one of more than ordinary interest and inquiry. There are a number of important points connected with it, which may be worth noticing.

1. There was no positive evidence that the deceased had attempted the induction of an abortion upon herself. A small bundle of knitting needles was found on her bed, near where she was lying dead; but, as stated, no contusion or laceration of the

genital tract was discovered. Most likely, the needles were obtained and used for their legitimate purposes. The whole evidence went to show that Mrs. S. was in doubt as to her condition. The discharge of blood on December 10th, and a few days following, quite likely was menstruation from the decidua vera, or possibly, it was a hemorrhage from the broken tissue of the diseased cervix.

3. It has been asked, how is it possible that the fluid of a vaginal wash can penetrate the uterine cavity, pregnant? This is an important therapeutical question.

It is well known that the decidua, which is only mucous membrane hypertrophied, composed, as it is, of the same anatomical elements, vessels, glands, amorphous matter, and cells, covered with epithelium, at first cylindrical, afterward tessellated, does not, at first, close the orifices of the Fallopian tubes, and the os internum. Nor is the uterine cavity closed, until the decidua reflexa, by progressive development of the ovum, is forced outwardly in all directions, brought in close contact with decidua vera, and the two fused, as it were, into one membrane. This latter process, according to *Matthew Duncan*, is accomplished about the third month of gestation, but from many circumstances, we have reason to believe, it does not take place so soon as this, and sometimes not at all during the whole term of pregnancy. *Tanner* is of the opinion, that this union is not effected until the seventh month. It is from the recognition of this fact, that we are enabled to explain the occasional occurrence of menstruation during pregnancy, as well as the possibility of superfetation.

Therefore, until the closure of the uterus is made, the fluid from a vaginal injection, through a patulous cervical canal, may easily enter the decidual cavity. In this very case of Mrs. S——, the decidua vera and reflexa could readily be traced separately, the decidual cavity open.

Moreover, who can say that this woman did not, either accidentally or intentionally, insert the tube of the syringe within the os externum, and up the cervical canal, patulous as it was, and drive the whole force of the current within the uterus? An inspection of the vaginal tube, subsequently, showed all of its orifices open. Now, even without the insertion of the tube into the cervix, a direct current may have passed within, if placed near and opposite the os uteri.



The occurrence of either of these circumstances is not only a *possibility*, nay, it is a *probability*, in this case.

Time will not be consumed in speaking of the very common accident of uterine colic, from passage of air or fluid into the uterus, during a vaginal injection, for every experienced physician must have met with many cases, but let us inquire into the possibility of the entrance of air, or fluid, into the general circulation, through a non-pregnant or a pregnant uterus.

*Bennett, Farre, and Savage* make several allusions to the facts, that the uterine veins are remarkable for their size and frequent anastomoses; that the capillaries are large, spread over much space, lie very superficially with regard to the uterine surface, and have sometimes so slight protection as to be left entirely bare. Any one can see, that in consequence of such anatomical structure and arrangement, air and fluid can and does enter the blood. No disease predisposes to such an accident more than *chronic corporeal endo-metritis*, by abnormally enlarging the already large and superficial vessels, and leaving them more uncovered by its destructive power over the normal epithelium. A most interesting paper\* on this subject, has been recently published from the pen of Dr. Nott, of N. Y., to whom may justly be given the honor of the title of the Father of American Gynecology.

Almost immediate and fatal results have followed the injection of a solution of nitrate of silver within the uterus, from direct passage of the acrid poison into the circulation. Acid nitrate of mercury, chromic acid, and solutions of iodine, applied to the uterine cavity with cotton and probe, are frequently tasted in the mouth of the patient within a few minutes after their use. The former agent, within a few hours, has produced salivation.

*Dr. Hitchcock*, of Kalamazoo, Michigan, has reported a case,† where, during the induction of criminal abortion, air had been blown into the uterus to detach the membranes, and the victim immediately expired.

*Prof. Simpson*, long before he died, discontinued the use of injections of carbonic acid gas.

*Scanzoni* reports two instances of sudden death produced in this manner.

*Dr. Barnes* of London, speaking of the various means for the

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\*New York Medical Journal, June, 1870.

†Transactions American Medical Association, Vol. XV.

induction of premature labor, after citing a number of cases from *Lazzati*, *Depaul*, *Esterle*, *Ulrich*, and *Simpson*, where fatal results followed the *vaginal* and uterine douche, makes this emphatic statement: "The douche, therefore, whether *vaginal* or intra-uterine, ought to be absolutely condemned as a means of inducing labor."

4. But how can alum water, with its well-known property of coagulation of blood, get within the general circulation? Would it not, immediately, coagulate any blood with which it was brought in contact, and these coagula afford sufficient protection to further passage of the astringent?

It will be borne in mind, that the post-mortem record states, that the placenta was partially detached, and the decidua diseased. When this placental detachment took place may be presumed, from the fact that no blood was detected on bed clothes, person, or in the vagina of deceased. Did it not occur during, and from the injection itself?

My own impression as to the manner in which the clot formation took place is, that sufficient of the saturated solution of alum, soaked, as it were, through the softened decidua, with abnormally enlarged vessels, and broken down epithelium, as to clot the blood in the sinuses, which, passing to the right heart, afforded a nucleus for greater obstruction. These clots were black, easily crumbled between the fingers, and, in few words, had the appearance of coagula discharged from the uterus a few days following the injection of per-sulphate of iron, for post-partum hemorrhage.

The marked similarity between the coagula in the uterus and heart was unmistakable, altogether different from the heart clot, the result of such blood changes as hydræmia and hyperinosis.

*Dr. Barnes* says, that although his chemical experience has shown no bad results from the injection of per-chloride, such as penetration into the circulation, and formation of thrombi, still the operation can not be regarded without some apprehension.

"The small, rigid uterus, with an imperfectly dilated os, as in abortion, is different from the large flaccid uterus with widely expanded os, after labor. In abortion, I have already insisted that it is better to swab than to inject."

Again, "the supervention of phlegmasia dolens may possibly, in some cases, have been due to the extension of the thrombi, formed in the mouths of the uterine sinuses by the action of the per-

chloride." If now, as seems established, air and various fluid medicines can enter the uterine cavity when pregnant; if, medicinal agents, such as solutions of iodine, nitrate of silver, chromic acid, and acid nitrate of mercury, can penetrate the mucous membranes, and pass directly into the circulation in the non-pregnant state; if, in fine, so powerful an astringent and styptic as per-chloride of iron, the most powerful one we possess, injected into the uterus in abortions, and into the gravid organ at full term, may be regarded with some apprehension, and may form thrombi, as suggested by *Barnes*, may not alum in solution, a much feebler astringent, and with feebler power of coagulation of albumen, pass through a diseased deciduous membrane? The question is not whether this accident is likely, or frequently to occur, but can it possibly occur. Did it occur in this case of Mrs. Stohlman?

5. It has been asked, could not this woman have died of uræmia? The uterus was not sufficiently high or large to exercise any injurious pressure upon the renal veins. There was no disease detected in the kidneys. There was no edema of feet, face, or vulva. Her whole history was contrary to such an opinion.

6. Was it hemorrhage? It has been already stated that no blood could be detected on the patient's clothes, bed, or around the room. There was no evidence of hemorrhage. The venous vessels were well filled with blood after death, and the surface of the body indicated most marked venous obstruction.

7. Was it entrance of air within the general circulation? So I thought, until the cavity of the heart was examined; but the blood in the veins and heart presented no appearance of mingled air.

A practical lesson, we think, can be drawn from the death of this unfortunate woman.

In the administration of a vaginal injection, care and caution are as necessary as with any other remedial agent. The mode of using the syringe should not be left to the patient's own discretion.

(1.) The extreme orifice of the vaginal tube, open as it is found in all the instruments, should invariably be closed, by soldering, or by a plug of hard wood, in order that the current of fluid can not possibly pass directly into the os uteri.

(2.) The whole syringe should be well filled with the fluid, before it is inserted within the vagina; the bulb worked very slowly and gently, and the tube withdrawn from the vagina before



the whole quantity of fluid is exhausted. The possibility of forcing air within the uterus, with a good instrument, is thus avoided.

(3.) The tube is to be inserted by guiding it along the posterior vaginal wall, till the roof of the vagina is touched, posterior to the cervix.

*Dr. Richardson* regards this case, as reported, as possessing features of peculiar interest. It is of practical interest in view of the fact that if it be assumed that an intra-vaginal injection of alum water was the cause of death, it is singular that we have never heard of such untoward results before. Alum water has been used for this purpose for almost centuries, tried by thousands of women, and this is the first reported case of death. It is, moreover, of diagnostic interest, in view of the fact that it is not often that pregnancy occurs and continues to the fourth month with the condition of long-standing endo-metritis represented in the report. The statement of thickening of the uterine wall is vague and indefinite—no measurements are given. [The speaker here requests of *Dr. Palmer* the exact thickness of the uterine wall. *Dr. Palmer* promises to answer the question later, as his own ideas, on this subject, at the moment, are not definite.]

Gentlemen will remember, *Dr. Richardson* resumes, that the walls of the pregnant uterus are always of considerable thickness, sometimes even half an inch in some places. In a diagnostic point of view, then, the case is novel. *Klob* denies ever having seen a case of corporeal metritis, so that the association of endo and parenchymatous metritis with pregnancy is certainly a novelty.

Next as to the mode in which the intra-uterine injection was effected, the gentleman suggests that the woman either intentionally or unintentionally passed the tube directly into the uterus. This, the speaker regards as an impossibility. No woman could succeed in doing this at the period of pregnancy indicated. It must not be forgotten that the uterus measures five inches in its long diameter at the end of the fourth month; that its fundus is already above the brim of the pelvis, and that the line of its axis is parallel with that of the superior strait. It is even claimed by some that its axis projects forward; this would throw the os still further back, so as to form an acute angle with the vaginal canal. The introduction of a tube could not be effected without force, and without displacing the uterus from its normal position.

Again, as no woman could introduce a tube into the uterus

what would be the direction of an intra-vaginal injection? Clearly at an acute right angle with the os and cervix uteri, and the posterior cul-de-sac. Entering in this direction a regurgitation would far more likely occur, and the fluid returned from the resisting cervix to the orifice of the vagina. The gentleman will remember also that in pregnancy the cervix is plugged with a semi-gelatinous secretion of no inconsiderable tenacity. Even if the fluid should effect an entrance—which is an impossibility—how could it penetrate this impermeable plug?

The shape of the uterus itself is adverse to the gentleman's conclusions. At this period of pregnancy it is of spheroidal outlines, and would hence oppose a flat surface to the entering fluid. Admitting, again, the possibility of intra-cervical penetration, it would have encountered, at right angles, the flattened membranes, which at this period about fill the intra-uterine cavity. If not, it would be difficult to communicate force enough to the fluid to bring it in contact with the membranes at all, how much more momentum would not be required to separate these membranes from each other and from the uterine wall?

The gentleman tells us that the decidua was detached in places, but he neglected to tell us what part of the decidua was detached. Were they detached completely down to the os, and if they were, and, granted again, that fluid enters the cervix, would not the fluid pass between the amnion and the decidua, and still be remote from the vessels of the uterine wall?

The speaker here enters into the various theories prevailing with regard to the character and formation of the decidua vera and reflex.

Again, the singular description of the character of the heart clot is worthy of mention. According to the report, as detailed in the minutes, there are two distinct theories announced. One is coagulation in the heart by direct continuation of the astringent injection from the uterus to the heart; the other is detachment of a uterine clot and transmission to the heart.

*Dr. Palmer* here interrupts the speaker, by permission, to read from the original paper, that it is claimed only that direct coagulation occurred in the uterus, and that these were detached, carried to the heart and acted as nucleus for the formation of more extensive coagula within its cavities, a statement which *Dr. Palmer* regards as explicit as language can convey.

On either theory, *Dr. Richardson* again resumes the conclusions

are unwarranted. For, if the stream were carried direct to the heart, as intimated in the first part of the minutes, coagulation should have been produced all along the vessels of its course. The gentleman further in his report is careful to assure us of the peculiar identity of the uterine and cardiac coagula, to exclude the idea that the coagulation resulted from simple hyperinosis of the blood. If there is anything peculiar in this identity, it is in the fact that the coagulation should have occurred at the distant termination of the blood current and left the intermediate passage free. Or if, again, the second theory be adopted, namely, that of a transmission of the uterine clot, how can this be reconciled with the fact that the seats of alleged uterine coagulation, the uterine sinuses, are larger than the vessels beyond them, so that transmission becomes a physical impossibility? Is not the direction of the blood current from the uterus toward the exterior, instead of from the uterus toward the heart? This is why some women bleed to death after labor, in some cases of post-partum hemorrhage. Could death, in either way, have occurred so soon?

Finally, if stress be laid upon these clots, it must not be forgotten that it is more than possible that they were of post-mortem formation. It will be remembered that these clots were discovered eighteen hours after death, the interval between the death and the autopsy.

Should we be compelled to accept the formation of heart clots as the immediate cause of death, a fatal syncope could explain to us the symptoms far better than the theory propounded. The condition of the lungs, the coagula in the heart, and the sudden death, are all easily accounted for on this hypothesis.

The theory, as proposed by the gentleman, falls to the ground, too, in the face of the fact that even if the coagula from the alum solution passed from the sinuses into the veins beyond, they would speedily condense and become arrested. It is not possible to conceive how they could reach the heart in such mass as to occlude the auriculo-ventricular valve.

The occurrence of a fatal syncope is much more consistent with the facts and with reason, and it is a matter of regret that the opportunity was not seized of examining the brain.

*Dr. Walker* would like to mention, in this connection, a case which had always possessed for him a special interest. It illustrates, in marked degree, the true value of circumstantial evidence alone. The speaker had once in charge a painter, for years a suf-



ferer with serious heart disease. While engaged in his avocation, on Elm street, he was found dead, a paint-brush clutched in one hand and a window sash in the other. The verdict of the jury was—death from lead colic. Here is a case perhaps something analogous. A woman is found dead with a syringe upon one side and a saturated solution of alum upon the other. May not the finding of these things in their positions have had much to do with the finding of the jury? Could it be possible that so long a contact of a saturated solution of alum would have left the os uteri patulus. It is strange, also, that this solution was not found in the uterus, or vagina, or in the circulation itself. It is not by any means always an easy task for the experienced physician to effect an entrance into the cervix. It often elicits pain, and for a patient herself to attempt it would be like an attempt of an individual to draw his own tooth. Even if the os were not shifted from its position in the effort, the pain experienced would necessitate its speedy withdrawal. The speaker himself has no speculations to offer. The case is of much interest and importance, for, if the conclusions be true, they are a strong argument against the employment of an agent and an instrument hitherto regarded of so little danger and so much efficacy. It is to be hoped that the case will elicit free discussion.

*Dr. Thornton* feels compelled, with those who have just preceded him, to join issue with them against the adoption of the theories proposed. The speaker can not understand how an injection of alum water could enter the uterus, how it coagulate its blood, or cause a sudden death. The coagulation in this case is observed upon the right side of the heart, where it is always noticed after death from any cause. The arteries are empty and the veins and right heart filled with clotted blood. The question of coagulation has always excited interest. It was long ago observed by Harvey that when a ligature was applied to a vein, the vessel between the ligature and the heart was found empty. But little was known of coagulation until the time of Cruveilhier, who attributed it to a phlebitis. More than twenty years ago Virchow noticed that when a foreign substance was introduced into the venous system, it passed through to the right heart, and beyond it to the pulmonary artery. If large enough, death soon occurred; if small, it passed to the smaller ramifications, where it lodged and induced metastatic abscesses. Coagulation in any case was not produced in the right heart, but in the pulmonary artery. How could a

uterine coagulation enter the venous system in the first place; and in the second, if it did, would it not pass beyond the right heart, as it traversed vessels of ever increasing caliber, and lodge in the pulmonary artery?

Futhermore, there is a great difference between ante and post-mortem clots. The first is yellowish, tough, almost pure fiber, and adhesive. It never occurs in the right heart unless there is great prostration and marked diminution of the heart's action. Even thus it is also necessary that the blood be surcharged with a superabundance of healthy fibrin, and it would form an exact mold of the heart's cavities and veins. In this case the pulmonary artery, the usual seat of coagulation from foreign substance is free (answer to Dr. Palmer to question), hence, the explanation is unacceptable. It is important that we arrive at correct conclusions in such a case, as the acceptance of the views suggested will necessarily deprive us of a valuable agent in relief of many gynæcological affections.

*Dr. Young* has a remark to make in regard to the possibility of the passage of the tube of Davidson's syringe. He is not one of those who regard it as an impossible feat. In a case of this kind, wherein the os is so widely patulous, it could certainly be affected. That women do succeed in passing them, he has no doubt whatever. But the other day he saw a case in which the operation was attempted by the patient herself with perfect success. *Dr. Walker* seems to think that this is the only form of instrument that should be used. [To this *Dr. Walker* objects, representing that he has no preference as to the form of instrument, having only suggested that the alleged results in this case render the employment of this form dangerous.]

As to coagulation of blood in the heart (*Dr. Young*, speaker), it is well known that it is usually encountered in some cases of sudden death. He has had the opportunity of making a number of experiments with various poisons on animals, and has always observed a thick clot of blood. As to the theory of the passage of blood toward the child and not from it, it is certain that air is always forced in toward the heart, and not out toward the orifice. This constitutes the great danger of accidental entrance of air. *Dr. Swinburne* records the case of a female who passed a catheter into the uterus, and blew air into its cavity with such force that it entered the circulation with great rapidity, producing alarming symptoms and death in ten or fifteen minutes.

Moreover, there are many exceptions to the normal position of the os and cervix, which had already been described. There are cases reported, too, wherein fluids have been injected into the uterus by the patient herself. A case at the third month of gestation, in the hands of the speaker, fainted and fell to the floor after such an accident, and had since been affected with pelvic cellulitis and other complications. The speaker concludes, then, that in this case, from the long standing inflammation, and the patulus condition of the os, it is not only possible but probable that the fluid was injected directly into the uterine cavity with effects as reported in the history of the case.

*Dr. Richardson* asks for a few minutes, merely to reply to the objections of the last speaker. The gentleman should remember that there is a great difference in the position of the uterus at the third and at the fourth month. At the third month the angle formed by the cervix with the vagina is much more obtuse. At the end of the fourth month it is so acute that the possibility of the introduction of a tube, though, perhaps, clear to his opponent, surpasses the speaker's understanding. The os at this time is directed backward at least three-fifths of an inch behind the vaginal axis; the space behind it is filled up by the rectum, so that the canal of the cervix could not be brought into a direct line with that of the vagina, without forcible dragging effort, such as is to be presumed a patient could not understand to do.

*Dr. Young* thinks the gentleman has no right to regard the matter as an impossibility. Here is a patient, dead, on her face, a syringe on one side, the fluid on the other. The history is plain, as are also the inferences.

*Dr. Ludlow* mentions a case of an induction of a miscarriage by the introduction of a corset whalebone. There could have been here but little difficulty in entering the uterine cavity.

*Dr. Palmer* regrets that his limited time prevents him from giving the various points raised in the discussion that consideration which he might after longer reflection. One of *Dr. Richardson's* arguments loses force, in face of the fact that it is based upon an entire misconception of the nature of the uterine affection. The speaker never claimed a case of corporeal metritis, but of corporeal endo-metritis, maladies of a widely different nature. There was no metritis, no inflammation of the parenchyma proper, though this was the seat of congestion and hyperæmia entailed by the long standing inflammation of the mucus membrane.



The condition of anteversion upon which such stress is laid—a condition which is alleged to render an intra-uterine injection physically impossible—was also non-existent. Nor is it present, as a rule, the fourth month of utero-gestation. Those familiar with recent descriptions of the uterine position at various periods of gestation, are conversant with the fact that in the second month, prolapsus exists, and in the third month, anteversion. At the fourth month, when the fundus rises above the pelvic brim, this condition of anteversion is corrected, and the uterus resumes almost, if not exactly, its position before impregnation. The cervical and vaginal canal are, then, at the fourth month, almost, if not exactly, in a straight line, as was capable of verification in this instance, since the finger introduced into the vagina passed readily a full inch into the widely patulous os. In the third month, during the period when anteversion really exists, the introduction of the finger or of an instrument would be far more difficult. Neither was the uterus so high in the pelvis that its cervix was attainable with difficulty; as stated, the os could not only be reached, but the cervix penetrated to the distance of an inch by the examining finger. Further, it was not even necessary that the tube be inserted directly into the cervix or the uterine cavity. The orifices at the sides of the tube might easily have been opposed to the patulous os, and the direct stream forcibly ejected into the interior of the womb. Facts, then, as existent, meet the objections urged on account of the position of the uterus. The cervical plug is presented as an additional obstacle to the entrance of the stream. I cite so good an authority as Tanner in proof of the fact that the cervical plug is not present in greater quantity after pregnancy than before. Moreover, there was no plug found in the cervix at autopsy. The woman, too, menstruated on December 10th. Surely, if blood could find exit from the uterus, there could be no difficulty in the entrance of a fluid. Again, the decidua was found detached on the right and center. It was abnormally softened. Here it was, according to my explanation, that coagulation occurred in the pelvic sinuses opposite the softened decidua, and from hence portions of the clot were detached and conveyed to the heart, where they acted as nucleus for further and more extensive coagulation, to such an extent, indeed, as to induce cardiac syncope.

It is objected, also, that the alum solution would condense in the blood, and not pass the pelvic sinuses. It is well known that

albumen has not the same action with alum as with stronger styptics. Experiments have proven that ferri persulph., or perchlor., or tannin, have each a greater affinity for albumen than alum, which is feeblest of all. There would be no difficulty either in its entrance into uterine blood vessels, were the decidua denuded, as it was observed to be in this case. I confess to an inability to understand the drift of the remark that the tendency of the blood is from the uterus, and not in a contrary direction. It is generally understood that the blood flows to the uterus by the arteries, and returns to the heart by the veins. How explain, else, these indisputable cases of the entrance into and transmission of air from the uterus to the heart? Another gentleman objects that the alum solution could not have been in contact with the cervix for any time without condensing its tissue and occluding the os. To this is answered, that the os was found widely open eighteen hours after the injection was made. Lastly, as to the character of the clots: We know that heart clots are found in various blood diseases, as in anæmia, hydroæmia, rheumatism, etc., in that condition of the blood known as hyperinosis, which is a hyperfibrination in syncope. Do we find in any of these varieties that blackened, charred clot present in this case, and corresponding so exactly with the character of those found in the cavity of the decidua reflexa? These are the points that have been presented. It is hoped they are fairly met. Should others be submitted, they will meet, likewise, fair consideration.

*Dr. Richardson.* One remark more. The gentleman's statements are indefinite with regard to the size and position of the uterus. All authorities agree that when once the fundus has surmounted the pelvis, its longest circumference is above the pelvic brim. As it then infringes upon the sacral promontory it is tilted forward; in other words, it is anteverted. Its axis is, therefore, at the fundus, in front of the axis of the superior strait, and its canal is at an angle with that of the vagina. I, therefore, must repeat my inability to understand the possibility of an intravaginal injection effecting an entrance into the intra-uterine cavity.

*Dr. Palmer.* At any rate I think I could have passed an instrument directly into the uterus, and it is now a matter of regret that I did not make the attempt. As to the anteversion, it is certainly well known that the irritation of the bladder experienced at the

earlier months of pregnancy disappears by the end of the fourth month, because the pressure upon the bladder is relieved.

It is deplored that I did not examine the brain. I did not do this, because I thought cause sufficient in explanation had been found. Had the patient complained of any brain symptoms, or had any been apparent, this examination would have been made. But so far from this being true, she was in condition of good health, complaining only an hour before her death of being tired. One other fact is worthy of mention. It occurs to me now for the first time, and I am enabled to put it in connection with the question at issue. Two years ago this same patient sent for me in great haste. On my arrival I observed another physician in attendance, and, of course, withdrew. Before leaving, however, I ascertained that she was suffering with severe abdominal and pelvic pain. It was subsequently learned that the pain induced was due to an attempt at abortion. It is highly probable, therefore, that this patient was somewhat of an adept in the introduction of instruments into the uterine cavity, an accomplishment which she may not have forgotten at the period of the accident.

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*Dr. Tate* presents a placenta whose anatomy exhibits points of interest, and whose pathology perhaps may also account for the prematurity of the delivery.

Perfectly normal labor pains occurred at the end of the seventh month, without other assignable cause than that (suggested by the patient) of having remained a long time on her knees in prayer.

The placenta presented the anomaly of an insertion of the vessels of the cord into the membranes, along whose surface they continued to the margin of the organ. The membranous portion of the cord measured about six inches. In examining the break of the membranes, the rupture was found much nearer the placental margin at one extremity than at the other, indicating clearly a low implantation. On close inspection, it was discovered that one of the smaller vessels of the cord was ruptured. This had possibly given rise to the hemorrhage which had induced the premature labor. Else than this, the delivery, as stated, presented nothing abnormal.

The speaker remarks upon the rarity of such cases, and concludes by springing the question of the influence of the placental seat in determining the fetal position—the details of the recent



delivery of a breech presentation, with low seat of the placenta, being given in this connection.

*Dr. Richardson* would scarcely agree with the speaker in ascribing any influence to the placental seat in the determination of fetal position. The speaker adopts the view of *Simpson*, that position is due to the motion of the fetus itself in the reflex action of the excito-motor system, whereby it assumes in the uterine cavity a position best in adaptation to the fetal form. In other words, the fetal ovoid is conformed to the uterine ovoid. Low placental seat would rather, if it caused any change, predispose to a vertex presentation, as the pelvic extremity of the fetal ellipse, the breech with the flexed thighs, is naturally larger than the cephalic extremity, and hence must seek the largest extremity of the uterine ellipse, which is notably the fundus.

Before the seventh month, the fetus is in such relative size to the uterine cavity, that it may be revolved in any direction upon its own axis. After this time, this relation is changed, and, barring the cases of hydramnios, its position is determined by the excito-motor system, as already mentioned. Why the left occipito-anterior presentations of the vertex are so much more frequent than any other, we may only as yet ascribe to the same cause, viz: that the fetal limbs find more room in the right segment of the fundus than in any other.

*Dr. Whittaker* observes that cases of velamentous insertion of the cord have always been regarded as of great rarity. *Spalth*, of Vienna, had detected it but four times in one thousand placentas. The speaker remembers to have heard a remark of *Prof. Spalth* in this connection, singularly corroboratory of the theory advanced by *Dr. Tate*. It was to the effect that although usually such cases offer no anomaly in the progress of the labor, yet instances had occurred wherein they had become pathological by a rupture of the vessels of the cord, by implication in the "break" of the membranes.

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#### REPORT OF THE NORTHWESTERN OHIO MEDICAL ASSOCIATION.

The fourth regular semi-annual meeting of the Northwestern Medical Association was held in Wapakoneta, Auglaize county, Thursday, December 1, 1870. *Dr. C. M. Godfrey*, of Ottowa, Senior Vice-President, in the chair.

*Dr. C. Berlin*, on behalf of the profession and citizens of Wapakoneta, welcomed the Association in an appropriate address.

Minutes of last meeting read and approved.

The following named gentlemen were proposed for membership: J. W. Underwood and J. H. Nichols, Wapakoneta; J. N. Hetzler, Celina; S. Coates, New Hampshire; C. E. Tupper, Ottawa, and G. Bailey, of Kossuth; referred to the Committee on Admissions, who reported favorably. On motion, the report was received and adopted, and the gentlemen named declared duly elected to membership.

The committee appointed at the last meeting to report on the matter of publication, reported that the measure proposed was impracticable. Report received and adopted.

*E. L. Shackelton*, of St. Mary's, essayist, presented a paper on "Cholera Infantum," which was well received, and gave rise to much discussion. Many cases of interest to the profession were reported, and the entire afternoon was consumed in their discussion.

Celina, Mercer county, was selected as the place of next meeting; time, first Thursday in June, 1871, at 10 A. M.

R. W. Thrift, of Lima, and C. Berlin, of Wapakoneta, were appointed essayists, with L. E. Lane, of Ottawa, and J. H. Williams, of Ada, as alternates. Drs. Hetzler, Watt, and Tupper were appointed Committee on Admissions for next meeting; Drs. Baxter and Underwood, Committee on Ethics.

An unanimous vote of thanks was tendered the profession of Wapakoneta for the handsome manner in which they had provided for our comfort; to the members of the M. E. Church for their kindness in granting the use of their building to the Association, and to the proprietor of the Burnett House for the substantial manner in which he furnished for the wants of our "inner man."

The Secretary was instructed to furnish an epitome of the proceedings to the several papers of the district; also, to the medical journals of the State, with a request to publish the same.

Adjourned.

The Association is composed of resident physicians in the counties of Allen, Auglaize, Mercer, Van Wert, Putnam, Hardin, and Hancock; has now been organized two years, numbers about fifty members, and gives promise of becoming of great usefulness and benefit to its members. An earnest invitation is extended to every

regular physician in good standing, in the counties named, to be present at our next meeting, and become members. The time and trouble required will be more than compensated by the benefits of interchange of thoughts and opinions with your professional brethren.

S. A. BAXTER, *Secretary*.

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## CLARKE COUNTY MEDICAL SOCIETY.

### THE CAUSES, PATHOLOGY, AND TREATMENT OF FEVERS.

The Clarke County Medical Society met Thursday, January 5, at two P. M., in the Y. M. C. A. rooms. The Society was called to order by the President, Dr. Buckingham, and the minutes were read by the Secretary. Members present: Doctors Dunlap, Hazzard, Sprague, Pollock, Davy, Bryant, Reeves, Buckingham, Senseman, McLaughlin, and Kay.

The chairman of the Committee on Criticism reported on the proper pronunciation of gelseminum, veratrum viride, and the terminal syllable itis. After a discussion of this report, *Dr. Reeves* reported a case of lung disease treated with idoform.

The President announced that the principal topic for discussion was fevers.

*Dr. Kay* commenced the discussion by saying, that he would offer what he had to say *now*, from the fact that he intended to confine himself strictly to the *causes* of fever, and to only one feature even of that branch of the subject. These considerations should then come in at the beginning of the discussion.

The subject of fevers was one of much importance, from the fact that the treatment of this class makes up so much of the duties of physicians, and from the further fact, also, that so many new and interesting developments have lately been made in this department of medical science.

The recent investigations which had been made by medical philosophers and practitioners upon the causes, pathology, and treatment of fevers, constituted one of the most interesting studies of modern medicine. He intended to restrict himself, as before intimated, to the causes of fevers, and to so much of pathology as related more particularly to the said causes.

He then took up the fungoid and zymotic theories of fever, saying



that the strange process of fermentation, the introduction, and multiplication of sporules in the human system were found to be so intimately connected with the origin of fevers, especially of the contagious and epidemic character, as to make their study almost a necessity. The fungoid and animalcular origin of typhus, typhoid, puerperal, rheumatic, malignant intermittent, and other fevers is one of the great questions of the day. It had been demonstrated that other diseases besides fevers were of this cryptogamic origin, but an extension of the discussion in this direction would be out of order.

The profession was rapidly coming to the conclusion that even remittent and more malignant forms of intermittent fevers, especially of hot climates, were caused by the action of various species of fungus or infusoria.

The doctor then said that each one of the fevers, or at least each class of symptoms, was produced, more or less, purely by its own peculiar fungus or zymotic cause. As each country had its own particular types of animal or vegetable life, whether visible or invisible, so each of these countries had diseases incident to them, which were accordingly modified. Hence, in the scientific investigations which had been made into the fearful epidemic fevers which lately prevailed on the Isle of France, it was demonstrated, with the aid of a powerful microscope in the hands of Dr. Schmidt, that the minute vegetable particles found in the system of those dying with the disease were identical with the infusoria peculiar to the waters of Grand river, contiguous. Dr. Kay then commented on the observations and investigations of that most industrious and intelligent of travelers, Dr. Livingston, and his scientific corps, in regard to the fevers prevailing in the regions of the rivers emptying into the west coast of Africa—the Congo, the Calabar, and the Niger—and in the villages along the Zambesi, where the same facts and principles were noted.

The facts which have been published with reference to the recent terribly fatal visitation of the epidemic, or pestilential intermittent fever at the Mauritis, indicated very clearly that although it originated from the more common malarious influences, yet it was afterwards kept up and rendered particularly malignant and fatal by contagion, by contamination, and by the poisonous emanations from infected persons. He claimed that the same thing was true of yellow fever in various portions of the world.

The manner in which these minute and almost infinitesimal animal and vegetable formations operate in the human system, was then illustrated by the mysterious changes produced by yeast in the meal or flour.

The speaker then closed by stating the importance of these recent discoveries in their practical bearings, claiming that they had wrought a great improvement in the treatment of fevers throughout the civilized world.

*Dr. Senseman* said he believed that diseases resulted generally from irregular and not regular causes. He alluded to the views of various authors in regard to the infusorial theories of fever. He believed in bleeding or refraining from bleeding, according to the sthenic or asthenic character of the disease. He used mercurials, the sulphites alluded to by *Dr. Kay*, and free ablutions, nourishing diet, and anodynes for the night. To all these the Doctor recommends tonics and good air.

*Dr. Hazzard* had not been in the habit of using many remedies in the treatment of fevers. He commenced with calomel and rhubarb until he obtains an intermission, and then uses the tonics—quinine is the best tonic, niter and spirits of mindereri, etc.

*Dr. Reeves* stated that he understood the question to be fever in its broadest sense. He gave a definition of fever. The distinctive feature of typhoid fever is what may be styled the "dusky face." The distinctive facial symptoms of bilious fevers, on the contrary, is wakefulness, and not that apathy which characterizes typhoid. In remittent fever there is no tenderness of the abdomen. In every case of pure typhoid fever, there is invariably lardacious deposit and ulceration of the bowels. Much of the confusion in regard to fever comes from overlooking the terms *gravior* and *mitior*. We may make a mistake in confounding typhoid and remittent fever.

In making the proper distinction here, we will know better when to give quinine. The Doctor remarked that he was partial to the compound cathartic pills.

*Dr. McLaughlin* had adopted Prof. Wood's nomenclature in regard to fevers. *Dr. McLaughlin* believed that typhoid might occur epidemically, endemically and sporadically, or isolated. He did not believe in continued fever. His cases of typhoid were distinguished by muttering delirium and tenderness of the bowels, of which the patient would not at first complain.

He uses quinine and iron as tonics. He uses four sedative digitalis veratrum viride, gelseminum aconite, to control the circulation. After the pulse is reduced, then commence with the quinine. If the fever continues, he uses turpentine emulson. The Doctor discussed all the various kinds of tongue—the glazed tongue, the cracked tongue, the flabby tongue, the broad tongue, etc., and proceeded in an able manner to show their indications in the treatment of fevers.

*Dr. Sprague* agreed substantially with the last speaker. His cases did not average more than four days in duration. He has had very satisfactory results from tonics, and he was careful to avoid hypercatharsis. He thought that too much purgation was an injury.

*Dr. Bryant* could recognize fever when he saw it, and he treated it according to its character and stage. He had examined the various systems of nomenclature upon fevers. Some of these seemed to be somewhat defective.

The Doctor alluded to his army experience with typhoid fever. We had no typhus fever in this country. In typhoid fever he had much confidence in stimulant and supporting remedies—milk-punch, eggnog, and vegetable tonics. He suggested that it would be well for those members who have tried the newer remedies to report upon the same.

*Dr. Buckingham* remarked that he had been studying something about a specific form of fever, and had intended saying what he had to say upon this specific form of fever; but the discussion had taken such a course that he had changed his purpose of making remarks upon this subject.

He then proceeded to remark that there is, in his opinion, but little typhoid fever in this country, or ever has been. He thought that too many cases in this country were misnamed typhoid fever. In the ordinary cases of this country, a good remedy to commence with is an emeto-cathartic. He used tepid bath, Dover powders, sweet spirits of niter, and soon after which use the quinine freely.

The resort of quacks is to call everything typhoid fever, so as to enhance the value of their remedies. We should treat symptoms as they arise, and discard the practice of binding ourselves down to any particular name of disease.

After some time spent in interlocutory exercise, the Society adjourned to meet on the first Thursday of March next.



## Translations.

*The Morbid Anatomy of the Kidney.*

[Continued.]

By Prof. W. H. TAYLOR, M. D., Miami Medical College.

Even under normal conditions a deposit of a jelly-like substance occurs in the tubuli urinifera, sometimes as granules, sometimes as short, round masses, and sometimes as long, cylindrical casts of the tubes. Under such circumstances they are found only in the curved tubes (tubes of Henle) which connect the convoluted and terminal straight portions. They seem never to be discharged with the urine.

The usual designation, "fibrin cylinders," seems to rest more upon a probable opinion than upon any satisfactory chemical investigation. In the absence of this chemical demonstration, the determination of the existence of fibrin in the casts must depend on their source. Upon this point there are two distinct opinions. Henle, the discoverer of the casts, believed they were derived from the blood—that they were a transudation; the other view regards them as the result of a transformation of the epithelium.

Even if it is admitted that, sometimes, epithelium does undergo transformation into a colloid substance, still its occurrence in the tubuli in which these casts are found has not been demonstrated.

In the fibrin-like plugs and cylinders which occur in the tubes of Henle, we never find remains of cells, nuclei, and fat globules; therefore, unless we admit that this transformation takes place in a very brief period, and is perfected after death, we must be much more inclined to believe that fibrinogenous substance has escaped from the glomeruli, and, coming in contact with epithelial cells rich in fibrinoplastic substance, they have formed the fibrinous plugs in the tubuli.

Under certain pathological circumstances these fibrin masses may occur in other parts of the urinary tract, even being developed in the bladder. They are most rare in the convoluted tubuli of the cortex; they are most frequent in the straight tubes and their connections. In cases of increased arterial pressure, I have

often found small, round colloid masses, scarcely larger than blood corpuscles, in the convoluted tubes. When there is an impediment to the flow of urine, larger irregular masses are found, which many have believed to be derived from the epithelium; but the absence of cells in process of transformation is opposed to this opinion, and I believe that the changes of the epithelium are the result of the accumulation of the colloid masses in the tubes. It is still less probable that the epithelium of the straight tubes participates in such change, for in them, especially, we find the long homogenous cylinders of fibrin.

The plugs have entangled within them many substances which aid in determining the condition of the kidney. In *fatty degeneration of the epithelium* their surface is covered by granular masses, or, where the cells have been cast off, their remains will be found as irregular scales adhering to the casts, in interstitial processes accompanied by exudation of lymph corpuscles. These elements will be found in the plugs, and, where extravasation has occurred, we find blood corpuscles.

The size of the cylinders aids us in determining the seat of their formation. The largest are derived from the straight, and the smallest from the contracted portion of the tubes of Henle. Of more doubtful origin are those of medium size. A part are from the smaller of the straight tubes, and a portion may come from the tubes of Henle. It would be very difficult for plugs from the convoluted tubes to escape with the urine, as it would be necessary for them to traverse the narrowest portion of the tubes. The tortuous form which has been regarded as characteristic of plugs of this origin is fallacious, for all long cylinders may readily assume this form on the object glass. If the cylinders remain long in the tubuli, they become firmer, and acquire a yellow color, so as to render the name "waxy cylinder" appropriate. The cylinders of exuded fibrin are distinguished from the so-called colloid degeneration of the epithelium, by the facts that the latter fill the entire lumen of the tube, and that the cells and nuclei of which the cast is formed can be readily distinguished. Axel Key has given the most minute description of the latter, which he found most frequently in cases of interstitial hyperplasia following intermittent fever. He makes a minuteness of classification which seems to us unnecessary. The colloid epithelial cylinders do not appear in the urine.

2d. Blood coagula, which contain all the elements of the blood,

occur in adults only in the convoluted tubes and the malpighian capsules. They are derived from the glomerulus. The blood corpuscles speedily shrink to brown, irregular discs, which gradually lose their color. I have found the hæmatoidin crystals in these casts but once. Blood capsules may escape from other parts of the tubuli, and may be discharged with or without coagula.

In new-born children hemorrhage occurs in the pyramidal portion, when the pyramids near the apices, especially, are marked by red lines. These consist, at first, of blood coagula; later, the coloring matter of the blood is dissolved and penetrates the epithelial cell, imparting to the nucleus an intense brown color. Ultimately crystals of hæmatoidin are formed, which are either oblique rhomboid or stellated bundles. They lie free in the tubes, or are inclosed in the epithelial cells. This condition may be designated *hæmatoidin infarct*.

3d. The *bilirubrin infarct* may be readily confounded with the foregoing, as in it the apices of the papillæ are marked by close, yellowish-brown lines, produced by a partially granular, partially crystalline deposit in the tubes. Among the crystals some are found which exactly resemble those of hæmatoidin. Aside from chemical differences (denied by some, asserted by others), the presence of renal hemorrhage or of icterus suffices to distinguish between these two forms of infarct, besides which it is to be remarked that the bile pigment infarct will be found in *all* the papillæ, which can scarcely ever be the case in infarcts of blood.

It is singular that in infants the bile pigment infarct occurs especially in the papillæ, other parts of the kidney being almost unaffected, whereas, in adults who have long suffered from jaundice, the entire kidney, and even its capsule, is of a green color, and here and there in the tubuli we find crystalline deposit.

The peculiar occurrence of these deposits in new-born children is explained by the fact that soon after birth an excessive secretion of bile takes place, whose product, under some circumstances, is too great for the kidneys to remove, and, in consequence, a portion is deposited in the terminal parts of the tubules.

4th. The uric acid infarct was described by Rayer, and its true significance determined by Virchow. In certain cases, if a kidney be laid open, the papillæ are seen marked with red or yellow glistening lines of varying length, seldom reaching to the cortex. Sometimes deposits of a similar substance are found in the calices. The material consists of minute brown granules, and larger round



or irregular bodies. By pressure they are easily forced out of the tubes. By chemical reagents they are shown to be urates, especially urate of ammonia. The epithelium of the tubes is dark colored, from which it appears that they are incrustated with the deposit.

According to the most recent observations, urate infarct occurs under the following circumstances:

1st. They have never been found in still-born children, but always associated with inflated lungs (Virchow Gesamt. Abh. S., 863). But one case has been cited in contradiction of this assertion (Casper's Vierteljahrsh, 1855), and, according to Virchow, this was not properly a still-born child.

2d. They occur most frequently between the second and fourteenth days after birth, though rarely before or after these dates.

Hecker (Virchow's Arch. 11) has compiled the following table from his own and Hodann's observations:

| TIME OF DEATH.                  | NO. OF DEATHS. | WITH INFARCT. | PER CENT. OF INFARCT TO NO. OF DEATHS. |
|---------------------------------|----------------|---------------|--|
| Soon after birth.....           | 52             | 3             | 6                                      |
| On first day.....               | 60             | 12            | 20                                     |
| From second to fourteenth day.. | 204            | 109           | 53                                     |
| From fourteenth to sixtieth day | 93             | 33            | 36.5                                   |
| From first to sixtieth day..... | 409            | 157           | 38.3                                   |

Virchow has recently asserted that occasionally the urate infarct is found as late as the fifth month of extra-uterine life.

The forensic importance of these deposits is manifest from the first proposition, as, where other signs fail, it is almost absolute proof of extra uterine life, and it is still more valuable because the deposit resists the putrefactive processes for a long time.\*

The question of the cause of these deposits has received various answers.

Schlossberger believes them to be due to digestive and nutritive disturbances. Hecker, from his examinations of the normal urine

\*The experience of other observers does not substantiate the assertions of Prof. Klebs, with reference to the significance of this deposit as evidence of live birth.—Casper's *Forensic Medicine, Trans.*

of new-born children, which contains very little uric acid, concludes that they are due to those processes which increase the quantity of this acid; *e. g.*, loss of blood and imperfect respiration.

Virchow, having shown that excess of uric acid is associated with no particular morbid condition, believes they are the consequence of the excessive metamorphosis of tissue, resulting from the sudden activity of the various functions attendant upon the commencement of extra-uterine life.

I believe that the views of Virchow answer the question most perfectly, but it still remains for clinical observation to determine the conditions under which the various quantities of uric acid are produced.

A deposit of uric acid in the tubuli occurs in the adult only where some obstruction exists, leading to an arrest of the flow of urine and the formation of cysts, and in gout, in which there is excessive formation of the acid. In the former condition, as in the new-born, no further evil results from the deposit, but in gout, serious injury of the kidney follows—probably from the deposit occurring also in the interstitial tissue of the organ.

*5th. Calcareous Infarct.* Deposit of carbonate of lime occurs most frequently in the straight tubes of the pyramids, in the form of granules and granular masses, which, uniting, form long, irregular cylinders. These accumulations are most frequent in old people, and where extensive resorption of osseous matter has taken place. In such cases the papillæ are more or less distended, and set with numerous white lines. This condition offers no impediment to the discharge of urine.

*Oxalate of lime* rarely occurs as a deposit in the tubuli. Johnson mentions a case where blood casts, with crystals of oxalate of lime, were found after the use of turpentine; and, more recently, Pavy and Greenhow, of England, have reported cases of *paroxysmal hæmaturia*, in which oxalate of lime was associated with the elements of blood. It is probable that the accumulation of the sharp crystals in the malpighian capsules and tubuli was the cause of the hemorrhage. Upon this point anatomical research is wanting.

*6th. Bacteria* sometimes are found in the tubuli in cases of pyelonephritis, of which disease they may be the cause, having been introduced, as Traube demonstrated, with the catheter.

## Correspondence.

### *Typhoid Fever Connected with Organic Disease of Kidneys.*

MR. EDITOR: In your journal for December, 1868, Dr. M. B. Kellar reports a case occurring in my service in the Hospital, with this caption: "Typhoid Fever Connected with Organic Disease of the Kidneys." From this report, a writer in the *Medical Repertory* of this city extracts the *post-mortem* account, and accuses me of having made an ignorant blunder in my diagnosis. If he had had the fairness to copy the report, or even Dr. Kellar's remarks, which immediately follow the *post-mortem* statement, I think the profession would have obtained a clearer view of the case. I therefore beg you to insert Dr. Kellar's remarks:

"Prof. Comegys first saw the case on the 11th instant, at which time there was tenderness and gurgling in the right iliac fossa, with mild delirium, which, added to the symptoms described on his admission, led him to make a diagnosis of simple typhoid fever, which seemed confirmed on the following day by the appearance of rose spots and the thin, ocher stools, the temperature also ranging in the typhoid line.

"No examination of urine could be had after the first day, on account of its dribbling away.

"On visiting the ward on the 13th instant, he found that the temperature had sunk from  $103\frac{1}{2}^{\circ}$  to  $96^{\circ}$ , with the pulse at 56. The Doctor at once declared that there was suppression of urine, and that the remarkable change in the whole aspect of the case was due to the retention of the urinary constituents in the blood, and prescribed therefor. The result was a reaction during the day.

"On the 14th, the regular clinic day, he was brought before the class and presented as a case of typhoid fever, having all the rational and physical signs of the disease, complicated with grave symptoms of uremia, which were attributed to the suppression of



urine, as a condition in some way connected with the stricture of the urethra; but the bladder, on percussion, showed no urine.

"Particular attention was directed to the additional blood poisoning, by indication furnished by the thermometer and the altered pulse, the body-heat not only declining  $7\frac{1}{2}^{\circ}$  in a few hours, but  $2^{\circ}$  below normal standard, and the pulse falling from 96 to 56 per minute, while the respirations were 24, showing no longer the correlation that is so often observed between these functions.

"On the next day, the 15th, his temperature rose again to  $105^{\circ}$ , then gradually sank away down to  $97\frac{3}{4}^{\circ}$  on the morning of the 18th, notwithstanding all the efforts which were made to raise the temperature of body. On the 19th instant he expired.

"The case is presented to show how the usual phenomena of true typhoid fever, such as prostration, epistaxis, a tongue red at tip and edges, thirst, anorexia, diarrhea, tympanitis, gurgling and tenderness in right iliac fossa, rose spots, high range of temperature, frequent and feeble pulse, subsultus, mild delirium or hebetude of mind, are due, also, to a blood poisoning from retaining urinary constituents, and the destructive changes in the kidneys themselves."

I also beg leave to add that this case, with two others of like character, were embraced in my report on "Blood Poisoning," made to our Academy of Medicine last year, and was published, as reported by Dr. Hadlock, in the *Philadelphia Reporter*, in June last, which report has been referred to in the leading medical journal in Germany, *Schmidt's Jahrbucher*, for September, 1870.

C. G. COMEGYS.

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*The Philadelphia Reporter* is well known to most of our readers for its many excellent qualities. We are prepared to furnish it, with the *Lancet and Observer*, for \$7 a year.

*The Eleventh Annual Report of Longview Asylum for the year 1870.* The report makes a good exhibit of work. At the end of the year, November 1, 1869, there were 511 patients in the asylum; November 1, 1870, there were 544. There had been admitted during the year 273; discharged cured, 165; improved, 9; died, 62; eloped, 4. The expenses for the year amounted to \$141,825. As is well known, Dr. Langdon, connected with the asylum since its erection, has resigned, and is succeeded by Dr. McReynolds.

## Selections.

*Syphilis in the Female.*—Mr. Evans, author of a work on venereal sores, remarks that “an altered secretion that can not be detected, is sufficient for the production of disease,” adding that, when he attended the examination of 200 women of the lowest description, who were frequented by the soldiers belonging to the army of occupation at Valenciennes, no disease could be detected in the women, and yet the hospitals were filled by diseased soldiers infected by these very women. He noticed exactly the same thing at Lille, and observes that “the condition that communicates disease in the female is only to be known by its effects.”

Dr. Macloughlin, who was for twenty-seven years in practice in Paris, whenever a gentleman applied to him suffering from syphilis, endeavored to ascertain from what person the disease had been contracted; and it was his regular practice, in company with the French police-agents, to visit the brothels and find out the person who had communicated the disease. He took considerable trouble in this matter, and used on each occasion to give the police-agent and the woman each a Napoleon. In all these cases the woman was submitted to careful examination by the police-surgeon, himself, and others; and Dr. Macloughlin declares that “it was excessively rare for them to discover the source of infection in the female.” In one gentleman, where secondary symptoms of a severe type were developed very speedily after the primary symptoms—a case pronounced to be unequivocal syphilis by M. Biet and others—the only two women with whom the patient had ever had connection were brought up and repeatedly examined by five or six medical men, including the police-surgeon, and not the slightest trace of disease could be detected in either of them. Dr. Macloughlin had unusual opportunities for studying the disease in Paris and elsewhere; and whatever we may think of his peculiar opinions, no one can deny that his testimony as to facts is thoroughly trustworthy.

Mr. Skoy, in a letter written to Dr. Macloughlin in May, 1864, and referring to these facts, says that he is convinced, in common

with many surgeons, that discernible disease in the female is not necessary to the production of venereal disease in the other sex; and that every variety of sore, and every form of purulent discharge, from the slightest to the most intense, can be contracted from women who have not in their own persons indications of disease of any kind.

Dr. Aitken says, in his work on the Science of Medicine, fifth edition: "Medical inspections are formal, and look useful, but the infecting sore, the true syphilitic one, can rarely be detected in the female." In another part of his work he observes: "The syphilitic sore, when it does occur in women, is readily overlooked, even when searched for with great care, aided by a vaginal examination with the speculum."

M. Simon, who is acknowledged to be one of the first pathologists in Europe, says: "The various local states which most habitually spread the infection of true syphilis are constantly overlooked in examinations made expressly for their discovery."

Dr. Alfred Fournier, who has succeeded M. Ricord, in the Hospital du Midi, the venereal hospital for males in Paris, has written a thesis on syphilitic contagion. In conjunction with M. Puche, he carefully traced the disease to its source in 873 cases. Out of the 873 cases coming promiscuously under the care of these gentlemen, 625 contracted syphilis from women registered by the police, and carefully and frequently examined by the police-surgeon.

Dr. Vintras, in his evidence before the Venereal Commission, says, in confirmation of the above facts: "You will find that almost all chancres—the local sores that produce true syphilis—are, in Paris, derived from women who make prostitution their sole business," and are consequently registered and subject to periodical examinations.

So well is the contagious nature of apparently healthy secretions of persons who have suffered from secondary syphilis understood on the continent, that Guichard and Davila insist that not only must the genital organs be carefully introspected, but also the anus, mouth, throat, stripped skin, etc.; and Lanceraux, in his recent work, remarks: "Since it has been admitted that secondary lesions are contagious, and that they produce infection more frequently perhaps than the primary lesions, introspection of the anus becomes indispensable."

In a recent lecture published in the *Lancet*, Mr. Skey stated



that some of the worst cases of gonorrhea, were derived from women free from disease, but who had recently recovered from menstruation.

The practical inference to be derived from the above is simply this—that no method of examination can guarantee freedom from disease, either syphilis or gonorrhea.

Mr. Morgan, speaking of the duality of venereal sores, says that, in women: “1. The ragged, soft, pus-secreting sore at the fourchette or nymphæ is the most frequent; but constitutional signs are also almost invariable. 2. Suppurating bubo is comparatively rare. 3. Induration of the glands is by no means so marked as in the male. 4. Infection seems frequently to originate in a vaginal discharge (possibly a true gonorrhea); this is followed by mucous patches; and these herald in constitutional evidences, the occurrence of a sore being often not discoverable. 5. Just as with the male, texture seems to influence the induration; a sore on the nymphæ may be hard, and of an inflammatory type, but true induration is found most frequently on the labium.”—*Medical Times and Gazette*.

*Sudden Death in Phthisis.*—The suddenness of death in consumption often puzzles the physician. We see in an English exchange that M. Perroud terminates a paper which he read at the Lyons Medical Society on this topic, with the following conclusions: 1. Although sudden death in the subjects of phthisis has been noted, it has been but little studied, and is in need of further investigation. 2. It may present several varieties; and thus it may be really sudden or only very rapid. 3. Rapid death may have for its cause a mechanical obstacle to the passage of air into the bronchial passages, as in œdema of the glottis, extravasation of blood into the bronchi, the fall of masses of tubercle into the bronchial ramifications, etc. 4. It may also be induced by a mechanical obstacle to the circulation of the blood, as in pulmonary embolism, cerebral embolism, or thrombosis of the cerebral vessels. 5. These two varieties are usually accompanied with their special symptoms, these especially consisting of some of the forms of dyspœa. 6. Sudden death is the immediate result of nervous action. Whether this be reflexed, arrest of the heart's action through the intermedium of the pneumogastric, or a nervous exhaustion of that portion of the bulb termed the vital point (*nœud vital*) by the intermedium of the same nerve. 7. The initial excitation of these nervous acts may have its point of departure in the heart and pulmonary artery, in the larynx and bronchial tree, in the pulmonary parenchyma, or even in the visceral pleura, as some sudden deaths which take place in hydrothorax seem to indicate.

## Editorial.

*The American Medical Association.*—We have received the following card from the Secretary, Dr. Atkinson, which explains itself:

“The Twenty-second Annual Session will be held in San Francisco, Cal., May 2, 1871, at 11 A. M.

The following committees are expected to report:

On Cultivation of the Cinchona Tree, Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On Inebriate Asylums, Dr. C. H. Nichols, D. C., Chairman.

On Institutions for Inebriates, Dr. Joseph Parish, Pennsylvania, Chairman.

On the Structure of the White Blood Corpuscles, Dr. J. G. Richardson, Pennsylvania, Chairman.

On Vaccination, Dr. Henry A. Martin, Mass., Chairman.

On the Comparative Merits of Syme's and Pirogoff's Operations, Dr. Geo. A. Otis, U. S. A., Chairman.

On Lithotrity, Dr. E. M. Moore, New York, Chairman.

On Veterinary Medicine, Dr. Samuel D. Gross, Pa., Chairman.

On Protest of Naval Surgeons, etc., Dr. W. S. W. Ruschenberger, U. S. N., Chairman.

On National Medical School, Dr. Frances Gurney Smith, Pennsylvania, Chairman.

On American Medical Association Journal, Dr. James P. White, New York, Chairman.

On Criminal Abortion, Dr. D. A. O'Donnell, Maryland, Chairman.

On Nomenclature of Diseases, Dr. Francis Gurney Smith, Pennsylvania, Chairman.

On National System of Quarantine, Dr. J. C. Tucker, California, Chairman.

On what, if any, Legislative Means are Expedient and Advisable to Prevent the Spread of Contagious Diseases, Dr. M. H. Henry, New York, Chairman.

On Renewal of Prescriptions by Apothecaries without Authority, Dr. R. J. O'Sullivan, New York, Chairman.

On American Medical Necrology, Dr. C. C. Cox, D. C., Chairman.

On Medical Education, Dr. Ely Geddings, South Carolina, Chairman.

On Medical Literature, Dr. P. G. Robinson, Missouri, Chairman.

On Prize Essays, Dr. T. M. Logan, California, Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston; New Hampshire, Dr. P. A. Stackpole; Massachusetts, Dr. H. I. Bowditch; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms; New Jersey, Dr. C. F. J. Lehlbach; Pennsylvania, Dr. D. F. Condie; Maryland, Dr. C. H. Ohr; Georgia, Dr. Juriah Harris; Missouri, Dr. F. E. Baumgarten; Alabama, Dr. R. F. Michel; Texas, Dr. S. M. Welsh; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. C. Hughes; Michigan, Dr. G. P. Andrews; Ohio, Dr. T. L. Neal; California, Dr. F. W. Hatch; Tennessee, Dr. B. W. Avent; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. W. O. Owen; Delaware, Dr. L. B. Bush; Arkansas, Dr. G. W. Lawrence; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sen.; Oregon, Dr. E. R. Fisk; North Carolina, Dr. W. H. McKee.

Secretaries of all medical organizations are requested to forward lists of their Delegates, as soon as elected, to the Permanent Secretary.

Any respectable physician who may desire to attend, but can not do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

W. B. ATKINSON."

We have also received the following note from Dr. Mendenhall, which will be of interest to our readers who intend a visit to the Pacific coast. We understand the arrangements are completed by which the fare for the round trip, from Cincinnati to Omaha and back, will be about \$29. From Omaha to San Francisco and back, about \$100.

"PROF. E. B. STEVENS: *Dear Sir*—Please publish in the next number of your Journal, that arrangements have been made with the Cincinnati, Hamilton and Dayton Railroad Co. to issue excursion tickets to Omaha and return to Cincinnati, at half fare, or fare one way—good from April 20 to May 31—to those who wish



to attend the American Medical Association meeting at San Francisco, May 2. They will be issued at the ticket office here on identification as delegates or members of the Association, together with the privilege of taking their families with them.

I am, yours truly,

GEO. MENDENHALL.

*Medical Commencement Exercises.*—Once more the usual army of young physicians start out from our colleges to try the battle of life. We hope all have been duly instructed in the principles of medicine—all have been fully assured of the trials and privations that await them—all need the grace of patient waiting. But for the *thoroughly competent*—the exact and *thorough* physician—there is yet room. All over the land there are “doctors”—all over the land, there is a need for men completely fitted and qualified to diagnose and treat the ailments of mortality. To such there is room. To the lazy, and dissolute, and incapable—there is failure. Many young and old gentlemen make the grand mistake of supposing, that as they themselves *think they* are great doctors, the great mob of the public should entertain the same satisfactory opinion. The fact is, people, notwithstanding their love of quackery in various guises, purpose to employ the physician who *can cure*. So we bid you, my young friends, get ready and qualified to *cure*. The people will see to the rest.

*The Miami Medical College* held its Eleventh Annual Commencement on the evening of February 28, at College Hall. The Rev. Dr. Nelson acted as Chaplain. The degrees were conferred by A. H. McGuffey, Esq., who made an elaborate and very appropriate address to the graduating class. The valedictory was delivered by Prof. John A. Murphy. The address was replete with good advice and useful suggestions. After the address a large number of the students and friends of the College met at the residence of Prof. Mussey, and enjoyed a pleasant social reunion and banquet. The following is the list of the graduating class. There were 48 graduates, 5 ad eundem degrees, and 158 matriculants:

F. P. Anderson, Ohio; J. C. Banning, Ohio; J. W. Belcher, Ohio; P. H. Bauer, Ohio; J. E. Brown, Ohio; J. H. Berket, Penn.; W. T. Coblin, Ky.; A. H. Casto, West Virginia; J. S. Drake, Missouri; J. W. Devoe, Missouri; John T. Dowden, Indiana; J. S. Elder, Penn.; E. M. Gaston, Ohio; C. G. Gray, Ohio; W. G. Hunter, Ky.; M. Hunter, Ky.; W. H. Hopkins, Ohio; A. N. Hamil-

ton, Indiana; Samuel Hemlick, Ohio; L. M. Hanna, Indiana; E. W. Hilburn, Indiana; W. E. Hooven, Ohio; B. F. Irons, Virginia; L. M. Jones, Ohio; E. L. Johnson, Indiana; T. M. Kyle, Indiana; P. J. Kline, Ohio; G. A. Kunkler, Indiana; L. S. Lenhart, Ohio; C. A. Lambert, Illinois; J. M. McAdams, Tennessee; R. D. Mussey, Ohio; C. L. Metz, Ohio; C. H. Newcomb, Ohio; W. S. Nuttall, Kentucky; J. P. Patterson, Ohio; W. S. Pollard, Indiana; W. B. Percy, Ohio; N. G. Perry, Kentucky; William Raschig, Ohio; A. H. Sidwell, Ohio; W. J. Sisson, Missouri; B. K. Thomen, Ohio; W. H. Wenning, Ohio; Henry Watson, Ohio; John N. Warren, Iowa; C. M. Wilson, Ohio; L. S. Worthington, Ohio.

*Ad Eundem Degree.*—A. E. Jenner, M. D., Ohio; Isaac Kay, M. D., Ohio; E. W. Howard, M. D., Ohio; O. G. Selden, M. D., Ohio; R. N. Short, M. D., Pennsylvania.

*The Medical College of Ohio* held its "Semi-Centennial" on the evening of the 1st of March. Dr. M. B. Wright delivered the address on behalf of the Trustees, and it consisted of a historical review of the half century of the College history. It contained many interesting reminiscences of the past, and we trust will be published for the benefit of the many old Alumni of the school. Prof. Whittaker gave an address on behalf of the Alumni of the College, and Prof. Gobrecht made the usual valedictory to the graduates. The graduating class (50) is as follows; we do not know the number of matriculants:

Alphonso Armstrong, Ohio; Henry C. Baum, Ohio; John R. Brandon, Ohio; Andrew D. Brewster, Penn.; P. L. Brouillette, Indiana; Enos G. Burton, Ohio; George W. Burton, Ohio; Calvin C. Chapman, Indiana; Hurlbert H. Clark, Illinois; Logan J. Collins, Kentucky; Stephen M. Cook, Ohio; Dewees Cunningham, Pennsylvania; Malcolm Dills, Kentucky; George Dunsmore, M. D., Ohio; Martin H. Field, Indiana; Zenas T. Garland, Ohio; David T. Gilliam, Ohio; Thomas A. Graham, Indiana; Louis Y. Grubbs, Ohio; John B. Haight, Ohio; John W. Hall, Indiana; George A. Harman, Ohio; Louis L. Hottendorf, Indiana; Jos. Iutzi, Ohio; Isaac D. Jones, Ohio; Montague J. Jones, Illinois; E. K. Kellenberger, Indiana; Benj. F. Kitchen, Ohio; Edward C. Loehr, Indiana; Wm. H. H. Low, Ohio; Chas. A. McCash, Iowa; R. D. McDonald, Ohio; John W. McIntyre, Ohio; L. P. Meredith, Ohio; Eugene L. Moore, Ohio; Charles E. Patrick, Indiana; A. C. Rickey, Iowa; Wm. Sayler, Ohio; John

Shuff, Ohio; William Z. Smith, Indiana; S. T. Songer, Illinois; R. H. Sparks, Kentucky; Jonathan B. Vail, Ohio; John W. Violett, Indiana; D. R. Waggoner, Pennsylvania; W. H. Warner, Indiana; Alvin C. Webb, Ohio; John A. Wheeler, Ohio; Morgan Williams, Indiana; Albert M. Williamson, Indiana.

*The Cincinnati College of Medicine* held its Commencement Exercises on the evening of February 16. Prof. Bramble gave the valedictory address. There were 17 graduates. After the usual exercises, the faculty, graduates, and friends assembled at Keppler's, and had a pleasant supper.

*Cincinnati Hospital.*—By a recent change in the rules of the Hospital, the resident physicians hereafter become "Clinical Classes." Exactly what advantage is to be gained by this change, we are not able to perceive. As the result of this change no "graduates" are admitted to the examination, and on the 16th February ult., candidates for the six vacancies were admitted to examination. There was a brisk competition, and the examination, written and oral, continued through two days. The candidates represented the classes of the Ohio, Miami, and Cincinnati Schools of Medicine. The following gentlemen, all of the class of the *Miami College*, stood the ordeal test, and were appointed to the vacancies: E. T. Comgys, W. H. Dewitt, E. B. Davis, H. R. Filley, Chas. Fairchild, and L. Wolfe. With the strong competition, and the severe examination to which these gentlemen were subjected, their success is highly complimentary to them, and by no means a disparagement to those who failed.

For the benefit of gentlemen who propose to attend the spring course of lectures, we make the following corrective announcement of the Clinical Lectures: Medicine, Drs. Comgys and Davis; Surgery, Drs. Dawson and Kearney; Obstetrics, Dr. Wright; Ophthalmology, Dr. Williams; Pathology, Dr. Taylor. These gentlemen go on duty April 1, for four months.

*The Good Samaritan Hospital*, under the charge of the Sisters of Charity, Sister Anthony at the head, have appointed Drs. F. P. Anderson and L. S. Worthington, graduates of the *Miami School*, resident physicians of the Institution for the year 1871.

*Words of Cheer.*—We are gratified with such notices as we every now and then receive, indicating the good will of our subscribers.



Thus says an old patron: "I have tried to be an attentive reader of the *Lancet* for twenty years, and I think the present February number the best I have ever read."

*Errata.*—In the article of Dr. Miles, last month, on the use of tobacco in cataleptic conditions, the dose administered read  $\frac{3}{4}$ i. It should have been  $\frac{3}{4}$ i.

*The Georgia Medical Companion* is the name of a new monthly medical journal hailing from Atlanta, Ga., and edited by Drs. Powell and Goldsmith. It starts off well, and we wish it abundant and permanent success. We place it on our exchange list with great pleasure.

*Anstie's Practitioner* is now issued simultaneously from 16 Bedford street, Covent Garden, London, and 63 Bleecker street, New York. Subscription price \$4 a year. Thanks to publishers for numbers for 1871.

*Braithwaite's Retrospect*, Part LXII., January, 1871. We are in receipt of this well known and old-established favorite. It well sustains its repute. Price \$2.50 a year, or \$1.50 each part.

*The Bellevue Hospital College*, of New York, as well as the profession at large, has sustained a severe loss in the death of Prof. G. T. Elliott, Professor of Obstetrics. His health had been poor during the past winter, and Prof. White, of Buffalo, filled the course for him, with high credit and satisfaction to all parties. Prof. Elliott died a few weeks ago, and his vacancy is filled by the appointment of Prof. W. T. Lusk. Dr. Lusk has heretofore been connected with the Brooklyn College, and brings to his new position a fine reputation.

Dr. O. M. Langdon, formerly Superintendent of Longview Asylum, has taken rooms at 179 Race street, where he may be consulted on diseases of the mind and nervous system, from 9 to 11 A. M., and 2 to 4 P. M., daily.

*The Half-Yearly Abstract* has come to hand in good shape and style from the publishing house of Henry C. Lea. The *American Journal of Medical Sciences*, *Medical News and Library*, and *Ranking*, are furnished for \$6 a year.

*Resolved*, That we deeply regret the death of our ever kind and courteous fellow student, Edwin C. Peden; and that while we sincerely mourn his decease, we fully realize the profession has lost a bright and promising member.

*Resolved*, That we deeply sympathize with his bereaved parents in this their great sorrow; and most earnestly desire for them the consolation only afforded by our kind Heavenly Father.

*Resolved*, That a copy of these proceedings be sent to the family of our deceased classmate, and published in the *Lancet and Observer* and *Carthage Republican*.

JOHN N. WARREN,  
EDWARD B. DAVIS,  
CHAS. FAIRCHILD,  
W. H. DEWITT,  
L. S. WORTHINGTON,  
*Committee for the Class.*

P. J. KLINE, *Secretary.*

L. M. JONES, *President.*

MRS. JULIA BLISS SCHENCK died in Franklin, Ohio, August 10, 1870. Mrs. Schenck was the wife of Dr. W. L. Schenck, known to readers of this journal as an occasional and very thoughtful contributor. Mrs. Schenck was, in many respects, a remarkable woman. She was born in Calais, Vt., July 2, 1823. For a time she was a teacher in Lebanon, Ohio, enjoying the friendship and patronage of Governor Corwin, Dr. Blackleach, Judge Probasco, and other eminent and prominent citizens. Subsequently she took a select school in Franklin. In all her relations as a teacher she was remarkably successful, greatly beloved and greatly prized. In January, 1849, she was married to W. L. Schenck, M. D., of Franklin, and thereafter—"home was her world;" thereafter, in all the domestic and social relations, she was absorbed in the interests of her husband and family. Her great anxiety was to be a faithful wife—a tender mother—a devoted Christian. Those who knew Mrs. Julia Bliss Schenck best, know that in all these relations she was spotless, faithful, and pure.

This notice of the death of Mrs. Schenck has appeared at a late date because we were absent from Ohio at the time of her decease, and only obtained the information necessary to give this tribute within a very few days. Our kindest regards and sincerest sympathies go out to the sore heart of our old college friend and companion.

At a regular meeting of the Covington and Newport Medical Society held in Covington, February 14, 1871, the following resolutions, offered by Dr. D. H. Jessup, were unanimously adopted:

*Resolved*, That it is with feelings of regret that this Society has learned of the recent death of one of its members, Dr. SAMUEL HUNTER, of this city.

*Resolved*, That in his untimely death, having been cut down in the very morning of his professional life, this Society and the profession have lost a member who gave bright promise of professional distinction.

*Resolved*, That we tender our sympathies to the family of the deceased, with expressions of esteem for his exemplary private as well as professional character.

*Resolved*, That a copy of these resolutions be presented the afflicted family, and also furnished to the Cincinnati and Louisville medical journals.

W. W. HENDERSON, *President*.

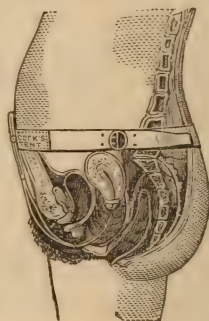
A. G. DRURY, *Secretary*.

*A side view of the Female Pelvis, showing the application of DR. BABCOCK'S UTERINE SUPPORTER, holding the Pro-lapsed Uterus up in its place without interfering with any other organ, or producing any irritation or inconvenience in wearing.*

**DR. L. A. BABCOCK,**  
**Inventor, Manufacturer and Sole Proprietor,**

P. O. DRAWER No. 20, - - - FREEPORT, ILL.

P. S.—Dr. L. A. Babcock's pure silver Uterine Supporter is the best instrument now in use for any displacement of the womb, because it is perfectly simple in its structure and made to fit the parts exactly. It has no straps or strings to hold it in its place, and does not have to be taken off every time there is a movement of the bowels, or micturition. It has no rubber to bend by the natural heat of the body, or to chafe and irritate the parts, producing Leucorrhoeal discharge and weakness.



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THE CINCINNATI

# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—APRIL, 1871—No. 4.

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## Original Communications.

### *Art. I.—Some of the Fallacies and Difficulties of Physical Diagnosis—Pleuritic Signs.*

By WILLIAM CARSON, M. D., Cincinnati.

There is no more interesting contribution to the subject of Physical Diagnosis than the one read before the "Guy's Physical Society" in 1846, by Mr. Addison, Physician to Guy's Hospital at that time. Probably the propositions which he then set forth have not been sufficiently emphasized in the later writings and by the later teachers.

We propose, at this time, to consider the subject as illustrated by signs connected with the pleura. When we recollect that it is exceedingly rare to make a *post-mortem* examination, without finding pleuritic change, the frequency and persistency of pleural signs might be anticipated. The grazing, rubbing, grating, and creaking varieties are much more familiar to auscultators than the cracklings or crepitations.

Lacunec makes little or no allusion to the similarity between pulmonic and pleural crepitations, or to the difficulty of distinguishing them sometimes.

Washé\* thus gives his first experience with this "pleural pseudo rhoncus: "In the winter of 1842, I made the following observation: In a male adult presenting the most evident signs, both in front and behind of a cavity at the left apex, an extremely abundant medium-sized rhoncus occurring almost in puffs, and having the liquid bubbling character in the most marked manner, was, day after day during the week previous to death, detected in the entire height of the left side posteriorly. The rhoncus was, however, distinctly more abundant and more liquid, as noted in writing during life, in the upper scapular and upper part of the lower scapular regions than elsewhere. As the patient was anasareous to a high degree, the urine albuminous, and as he constantly lay on the left side, the explanation of the rhoncus naturally suggesting itself, was, that it depended on œdema of the pulmonary tissue generally, but most marked at the apex, and there, of course, affecting tissues lying between the cavity and the surface of the lung. At the *post-mortem* examination, however, I found this explanation inadmissible, for the thin lamella of tissue between the cavity and the surface was as hard as cartilage and contained not a particle of serosity; nor was the organ in any part distinctly infiltrated with fluid, being, on the contrary, particularly dry from its excessive induration. But all along the posterior surface of the pulmonary pleura there appeared, in addition to ordinary dense pseudo membrane, a quantity of fine adventitious cellular tissue, abundantly infiltrated with liquid. Masses of some size were formed from place to place by the accumulation of fluid in the meshes of this cellular tissue, and it was observed by those present, who had not seen the patient during life, that they were much larger than elsewhere at the apex. There was no air either in the cavity of the pleura or intermixed with the serosity. Now, although it was possible to suggest another explanation, it seemed most reasonable to suppose, under the circumstances, that the rhoncal sound was actually produced in the masses of infiltrated tissue referred to, and therefore outside the lung and independently of air. Subsequent experience has amply proved the correctness of this explanation, and shown that moist sounds, rhoncoïd in properties, are producible wherever adventitious tissue within the pleura is infiltrated with serosity, and the movements of the chest continue free. The sounds occur in two forms, squashy

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\* Dis. of the Lungs, p. 116.

and crackling. The character of the first is represented by its name, and coupled with the sensation of extremely superficial site, suffices for its diagnosis. The crackling form, in itself undistinguishable from some conditions of subcrepitant rhoncus, may be diagnosticated by the co-existence of friction sounds, constant or occasional, and by its being unaffected by coughing. Mere moisture in plastic matter within the pleura seems enough to give a rhonchoid character to friction sound."

Addison, in his "Difficulties and Fallacies attending Physical Diagnosis in Diseases of the Chest," lays down his twenty-eighth proposition as follows: "Even in ordinary acute pleurisy, when the albuminous material thrown out is more abundant; when, in consequence, the lung is held more in contact with the ribs; and when, instead, the whole of the fluid gravitating to the base of the chest, it is more or less confined within the meshes of the solid deposit; it not unfrequently happens that auscultation and percussion fail to determine with certainty, whether the physical signs result from that disease, or from pneumonia advanced to hepatization, or from a combination of the two." In commenting upon this proposition, he says: "I shall content myself with offering a caution not to mistake the crepitations so often attendant upon recent pleuritic effusion for the crepitations and mucous rales of broncho-pneumonia." "Although I have just alluded to certain crepitations detected by auscultation, not only in cases of acute, but of ancient pleurisy also, and although I believe that little doubt is now entertained as to their occurrence in both these morbid states, I do not think it, by any means, satisfactorily established whether these crepitations result from the mere movement of the adhesions themselves, or from some mechanical change or impediment in the adjacent lung." Dr. G. H. Barlow, in the same place, reports a case where a crepitus could be felt between the ensiform cartilage and the umbilicus, and where "by the stethoscope," a crepitus could be plainly heard with each inspiration and expiration." "Upon one occasion this crepitation so closely resembled that produced by bronchitis of the smaller tubes, that I made the remark, "there is mucous rattle in the peritoneum." Upon inspection, in addition to the disease diagnosed in the chest, there was found a layer of fibrinous effusion on the surface of the parietal peritoneum, corresponding to the situation in which the stethoscopic phenomena had been heard, and a similar layer on the opposed surface of the layer."



Flint\* speaking of the friction sound, says: "Ordinarily, it is a single sound of brief duration, or there occurs a series of sounds succeeding each other with more or less rapidity, resembling, in this respect, interrupted or jerking respiration. Occurring in this manner, it sometimes bears a very close resemblance to the crepitant rale, and may be mistaken for it. In the great majority of cases, the sound is manifestly dry, but it may suggest the idea of moisture. This occurs when false membranes, situated on the pleural surfaces become infiltrated with serum."

Barth & Roger† say: "Pleuritic friction may be confounded with pulmonary crackling, and with moist rales. The analogy between the sound of crackling of the lung and that of friction of the pleura is sometimes very great."

Roger,‡ more recently, says: "There are very frequent cases in which the most practiced observer can not affirm whether the bruit that he perceives be pleuritic or intra-pulmonary."

Herard & Cornil§ say: "In some patients, at the summit of one or both lungs, abnormal sounds are perceived, which, by reason of their peculiar seats, are referred to tuberculosis, while they are intra-pulmonary bruits which belong to the class of pleuritic friction sounds. It is known how various they are, and how often they simulate the crepitant and subcrepitant rales."

These resemblances between intra and intra-pulmonary rales have then been recognized. We wish to affirm that the intra-pulmonic crepitations are not unfrequent; that they are of greater persistence than usually believed, and that they may seriously mislead in diagnosis and prognosis if not carefully collated with the general condition.

We give the following case which was admitted to the Good Samaritan Hospital, February 16, 1869:

James Toohy, white, Irish, aged twenty-seven years; occupation, boatman; brown hair, blue eyes; five feet eleven inches; weight, in good health, one hundred and fifty pounds, now one hundred and thirty-seven pounds; father died at seventy years of age; had had cough years before he died, but was never laid up with it until the winter before he died; mother living, fifty-five

\* On the Respiratory Organs, p. 243.

† Pract. Treat on Auscultation, p. 57.

‡ Bulletin de la Societe Medicale des Hopitana, April, 1862, p. 103.

§ De la Phthisie Pulmonaire, p. 445.

years of age; two brothers died, one in infancy, and the other eleven years of age, with brain fever. James had fever and ague, more or less, for three years previous to his present trouble. In the winter of 1864, while in the army, took cold, which, after a month of treatment, left him with a hacking cough; three years ago was in Charity Hospital for five months; went in with swamp fever, which lasted two weeks; after that, and during his stay in the hospital, had pains in his chest at different points, but none acute or severe. Three or four months after leaving the hospital, while carrying railroad iron, spat some blood, not pure, but streaked, which continued for two days. Had night sweats while in Charity Hospital, but not much since; always worked after that with more or less cough, but in fair condition until last winter, February, 1869. Eight days before admission to the Samaritan Hospital, a cotton bale fell on his left shoulder; taken that night with stitch in left side, felt, on coughing, about inferior mammary and axillary regions. It lasted three days.

Condition on admission: General condition fair; appetite good; bowels regular; tongue whitish and furred at back and center; temperature  $99^{\circ}$ ; chest well developed, but wanting in muscular tissue; no inequality between the two sides; greater expansion on right side; vocal fremitus and resonance greater on left side; increased dullness, greater resistance and higher pitch on percussion in the anterior and axillary regions of that side; bronchial breathing, with moist, crackling sounds on beginning of inspiration in infra-clavicular and superior mammary regions of the left; expiratory sound of higher pitch. The same moist cracking of coarse sizes heard in the superior and inferior scapular regions of same side; below the angle of scapula, vocal resonance not so great as in infra-clavicular region, and respiration feeble. On the right side the respiration is supplementary. Heart sounds normal. He was put upon general tonic treatment, with an anodyne cough mixture, to allay the harsh and dry cough, and external applications. He remained much the same, so far as the local trouble was concerned, but with some general improvement, until about

May 6. Patient has been complaining of pain in the epigastrium, below the sternum. There is increased dullness over precordial region, and the heart sounds seem distant and muffled. The same rales or cracklings are heard to about the same extent. Ordered five grains of iodide of potash three times daily, and tur-

pentine stupes to be applied over the seat of pain. Pulse 120; respiration 32.

May 9. Heart sounds still distant, though more distinct than at last observation; still complains of pain in the epigastrium; tongue clean; appetite not so good; difficulty in walking, on account of the disturbed action of the heart.

May 11. Very well marked double friction murmur, with action of heart, heard with greatest intensity at third rib; febrile excitement abating; pain in epigastrium not so great as it was.

May 14. Murmur still heard distinctly, with point of intensity at third rib; cough and other symptoms unchanged.

May 16. Patient expresses himself as feeling better; friction murmur still heard, though not as distinct as at last observation.

May 17. Friction murmur rapidly disappearing; physical signs over left side the same; no pain of any consequence felt this morning.

May 23. Heart sounds normal, and to-and-fro sound gone; complaining of pain in epigastrium. Ordered blister, which was repeated with the effect of diminishing the pain.

He left the hospital, but returned in the fall. We give our latest observations:

During November and December he has had more or less of chill and fever and sweat, which did not seem to be affected by the administration freely of quinine.

January 17. Pulse 112; respiration 22; temperature 99 in the evening; appetite poor; tendency to vomit in the evening; has gained flesh, and now weighs nearly as much as when in good health; expectoration scanty; chill and fever not recurring now.

Physical examination of left side: Depression under left clavicle and extending to upper portion of superior mammary region; diminished expansion; infra-clavicular region, vocal fremitus and vocal resonance greater than on right side; percussion resonance, dull, higher pitch and increased resistance; bronchial breathing, blowing expiration, with higher pitch than inspiration. In the mammary regions, bronchial respiration without so much blowing; high pitch expiration. In the infra-clavicular region, some rubbing sounds; about four or five in inspiration and as many in expiration—rather dry and varying in individual volumes. In the upper and inner border of superior mammary region, near the sternum, abundant moist cracking is heard in inspiration and expiration. The crackles are superficial medium sized, but varying.



These extend to the nipple, there becoming somewhat more dry, and are heard over part of the precordial space. In the superior axillary, moist crackling in inspiration of medium coarseness, unaffected by coughing as in the other regions. In infra-scapular region, inspiration higher pitch, and expiration masked by rales, rather subcrepitant; in lowest base, no rales or crackling; in upper scapular regions, abundant, large-sized moist sounds in inspiration, with bronchial breathing of high pitch expiration. A soft, low sound, sometimes double, most distinct on inspiration, but variable, according to the position of the individual, is heard with most distinctness about one inch above and one inch within the left nipple. It is not heard at point of apex beat, at the sites of the aortic or pulmonary valves, in the axillia or near the scapula.

The hypothesis of an uncomplicated pneumonia or tuberculosis does not accord with the origin, stages, and present condition of this patient so well as that of either of them with pleuritic complication. The harsh, rather dry cough, the contraction of the upper regions of the left anterior thorax, and the occasional rubbing sounds at the apex, imply an extra-pulmonic irritation. When we come to the consideration of the significance of these abundant, moist crackling sounds heard over nearly the whole of the left side, we have in support of their pleural origin; that pulmonic rales of such general diffusion would probably afford a more abundant expectoration; that if directly dependent on tubercular or caseous irritation and softening, there would be more constitutional disturbance, whereas we have a temperature very little above normal; that such pulmonic rales would not probably remain of so uniform a character throughout a period of over one and a half years, during which we know that they have been present; that the patient in respiratory movements, in cough and in general health, increase of weight being important evidence of it, has improved, while the local physical signs have remained unchanged; that these signs are superficial, and unaffected by coughing, though we believe it to be a difficult matter sometimes to determine how far rales are affected by the act of coughing; that they are apparently incomplete, or produced by a limited amount of respiratory movement; that the pericarditis occurred probably by extension from, or in direct continuity with, the pleuritic irritation.

November, 1870. An examination this month shows a diminu-

tion of physical signs in the posterior regions of left side. There is still, however, marked dullness. In the left infra-clavicular region the signs are rather of moist character—large cracklings, few in number and inspiratory. There is nothing like the diffused rales heard formerly over the entire left side. The cough is somewhat troublesome, but the expectoration is little or none. The man is at work every day and his strength is good.

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*Art. II.—Epilepsy and Epileptiform Diseases.*

By JAMES I. ROOKER, M. D., Castleton, Indiana.

I am partially indebted to Marshall Bash, my student, for the following report: Smith B., aet. 52, a farmer, in good circumstances, was suddenly attacked at night, without any premonitory symptoms, with loss of consciousness and convulsions, followed by stupor and mental confusion. The attack was witnessed by, and greatly frightened, his wife who had been sleeping with him. This was the last of May, 1868. The day previous he had been engaged on his farm and in good health. A physician was called, who diagnosed apoplexy, and as a result Mr. B. was purged, blistered, mustarded, cupped, etc., with the assurance that a third similar attack would prove fatal. For a few days subsequent he complained of headache with mental confusion and loss of memory. He, however, soon apparently regained his former health, all going well for a period of four weeks, when he was again attacked in his sleep as before. The same physician was called, and the previous treatment instituted. Mr. B. recovered in like manner. In about the same length of time that intervened between the first and second, he was attacked with the third, and in the usual period with the fourth, fifth, sixth, and so on, every attack leaving him mentally worse. He came under my care February 13, 1869. He was entirely a changed man, mentally, from what I had known him in years past; mind confused, loss of memory, irritable, complaining of pain in the occipital region, bowels costive, epileptic seizures coming on regularly every four weeks, always at night and when asleep. From a careful examination I failed to detect any hereditary predisposition to the disease; in short, no form of men-

tal derangement; neither was I able to find any organic lesion. The patient's history excluded the possibility of syphilis; the family was clear of phthisis and scrofula. So I concluded to "go it blind," and commenced with the following, as recommended by E. Brown-Sequard—*R. Potassa Iodidi* ʒi, *potassa bromidi* ʒi, *ammoni bromidi* ʒiiss, *potassa bicarbonetis*, ʒij *infusion columbo* ʒv, *M.* A teaspoonful before each of the meals, and three teaspoonfuls before bed time, in a little water. The treatment was continued up to the expected attack, when, in conjunction, I ordered 15 grs. of chloral hydrate at bed time, hoping that this would assist in breaking up the habit, by which means the expected attack was warded off. The only difficulty complained of was "inward chills, starting from the pit of the stomach and going up, making his teeth chatter; inability to sleep well, mental confusion, loss of memory, bowels inclined to costiveness. I gave a mild cathartic, followed by chloral hydrate. All the unpleasant symptoms passed off in three days; and hereafter, instead of true epileptic seizures, my patient only suffered from those symptoms, but in a milder form. In seven months from the commencement of this treatment, I found Mr. B. completely bromized, and the remedy had to be discontinued. He regained his usual strength in about two months. All appeared to be going on well up to December 7, when I was startled by the announcement of a messenger that Mr. B. had had another hard fit. None but an ambitious young physician could appreciate such a message. On arriving at the bedside of my patient, I found that he had been complaining for a few days previous, with "inward chills," which had culminated in a hard fit and for the first time in day time. As soon as all the unpleasant symptoms of this attack passed off, he was again put upon his former treatment with quinine, iron, ale, and full diet, with the intent of counteracting the weakening effects of the bromide of potassium. Also, the following, as recommended by Trousseau: *R. Atropia sulph.* 1 gr., *spiritus vini. gallici* 100 minn.; one drop at bed time. Since which time he is getting along finely (January 30, 1871).

This case is interesting from several considerations. From the suddenness of the attack, without *any* premonitory symptoms, and from the effect of the treatment; for be it remembered, that from the commencement of this treatment he has had but one true epileptic seizure, and that, certainly, owing to the discontinuance of the remedies. As I have said, the treatment was instituted



empirically, and I am inclined to the opinion, from rather a careful examination of the literature on the subject, that the majority of the cases are treated in the same manner.\* It has been affirmed that in fifteen out of twenty cases in which the brain of epileptic patients have been examined, the structure of that organ has been in every respect healthy." . . . "Epilepsy has been, therefore, regarded as functional disease, the particular site of the lesion not being determined." Still, from the pain complained of at times in the *occipital* region, there may be some organic lesion of the cerebro spinal center, for it is well known that continuous excitement or irritation of the basilar portion of the brain will produce epileptic convulsions.

CASE II. Frank McK., aet. 27, American, farmer, married, short, heavy set, with a thick neck. Epilepsy dating two years; supposed to have been brought about from exposure in the army; but from the family history the probability is, that it is hereditary, as he has a brother who suffers from "spells." His attacks were like those of Mr. B.'s, coming on generally at night and when asleep, although occasionally in the day time. He says his memory is becoming defective; with this exception, there is but little mental derangement. February 22, 1869, he was put upon x gr. of bromide of potassium, three times a day, in some bitter infusion. By the 3d of July, I found him suffering more from bromism than the epilepsy, physically and mentally very much depressed. The convulsive seizures, which had occurred about every fortnight, now became prolonged to three or four weeks, but the violence was the same. Quinine, iron, and ale ordered with the previous treatment, which was persisted in up to September 26. On presenting himself to me he was found to be no better, stating he believed if he continued the treatment longer it would kill him; that his epilepsy was no better, and from the looks of my patient, I was inclined to the same opinion, and he was discharged.

After floating about among the quacks for eight months, he again called upon me. Physically, his appearance was much improved; he requested that I should again take his case; his anxiety to recover was affecting. From his epileptic countenance, I had but little confidence in any treatment. I could think of nothing better than what I was using with Mr. B. so happily, and, if nothing more, I would quiet his mind and keep him from the

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\* Science and Practice of Medicine, by Aitkin, page 349.

quacks. Strange to say, that in a short time after commencing the use of this, the intervals between his epilepsy became prolonged and the attacks less violent. At this date, January 30, 1871, he has not had an attack for eight months. He still continues the treatment, but in less quantities.

CASE III. Mrs. W., æt. 30, the daughter of a physician, intelligent and educated; the mother of two children, and of previous excellent health. Received a severe fright from the falling of a chimney, and the supposed fatally wounding her little daughter. In a short time after this fright, she was attacked with epileptic vertigo, culminating in true epilepsy in seven months. She came under my charge at this time, her attacks coming on every twenty-one days, of a violent, convulsive character, with loss of conscience, followed with stupor and mental confusion. There was no hereditary taint to any form of mental disease. Menstrual periods regular in every respect. She was put upon the bromide of potassium with bitter tonics. She bore the bromide excellently, has had but few convulsions since, and might now be considered well, not having had an attack for four months, and is in good health.

*Niemeyer* states that "in more than one-third of all cases, the first attack has followed upon some violent fright."

CASE IV. Mrs. N., æt. 33, married, and the mother of six children; has been in poor health for the period of ten years, "suffering from monthly difficulty" (dysmenorrhœa) and general debility. Six years ago she was attacked with a fit, which greatly alarmed her friends, as nothing of the kind had ever occurred in the family before; these attacks recurring pretty regularly every month, and without loss of consciousness, and were evidently of a hysterical character, but for the past three years she has had with these attacks loss of consciousness, which has materially injured her intellect. Her general health being poor, she was ordered quinine, iron, and ale, with x gr. bromide of potassium three times a day, to be increased to xiv gr. for one week previous to the expected attacks. The treatment was borne well, and in six months she presented herself to me stating that she was in better health than she had been for ten years, not having had an attack for the past "two or three turns." I enjoined upon her the necessity of continuing this treatment, in diminished quantity, for at least one year. Shortly after this, having moved to Missouri, I have lost

lost all traces of her. This case had evidently assumed the form of hysterical epilepsy.

*Remarks.* In making these imperfect reports, to the senior medical man there will be nothing new or original; for bromide of potassium is used, and has been the treatment both in Europe and America for epilepsy for the past ten years. Trousseau advocates the use of belladonna; but certainly the bromide of potassium is far superior. From my limited experience with the drug, I am inclined to think that when the epilepsy depends upon some serious organic lesion, the good effect will be transitory.

The remedy seems to be a nervous sedative, and in epilepsy or epileptiform disease of a functional character, it may be continued to the point of breaking up the habit. In the cases I herewith report, it would be presumptive in me to claim a cure in more than a case of Mrs. W. But certainly the remedy has proven to have been of great relief to them all. Did space permit, I might add a number of other cases, showing the potency of this drug in my hands.

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### *Art. III—On Local Acupressure.*

[Applied to Arteries Wounded by Accident.]

By F. SEYMOUR, M. D.

The writer of this article has, in many instances, and with success, used acupressure in cases of accidents (where arteries were wounded), close to the point of injury, in cases where, owing to circumstances, it was troublesome and difficult to find the divided ends of the vessel, from whence the hemorrhage sprang, owing to the laceration, the breaking down, and softening by supuration and infiltration of the tissues, or where the injury had been inflicted some time previous to its being seen by the surgeon, and where compresses, styptic preparation of iron, etc., had controlled the bleeding for the time, and where the writer had been called at secondary and subsequent hemorrhages.

The true surgical procedure to ligate both ends of a divided artery at the place of the wound, is, of course, simply and certainly correct; and I know of no procedure more to be inculcated in any wound of arteries where cessation of hemorrhage is neces-



sary to prevent fatality. To ligate the wounded vessel at a distance from the wound, or the main arterial trunk of the limb, is, in many cases, but to trust to chance; the subsequent hemorrhage from the distal end of the artery, when the collateral circulation is established, is one of which chances, time, and solidification are the main ones. Now, in regard to compression by means of compresses in any shape or other, or to modified compression along the course of the main trunk of the artery of the limb, diminishing the force of the blood wave graduation, the position of the limb and the lowering of the temperature are well enough, so far as they go, and while we can not do better; but generally they are unsatisfactory, and after an amount of trouble, care, and anxiety, we often find them fail us. It is not necessary to refer in this article to cases in which artery after artery has been cut down upon and tied, and failure of success after all, with the necessity of amputation staring us in the face. Every surgeon, of any thorough knowledge of his profession, has known of some and read of many such cases, so, as I said before, I shall not refer to them, but suggest a simple means, not new at all, but disused, by which many troublesome cases can be treated with ease, certainty, and success.

In order to elucidate, I will give a case that happened some few weeks since in this city: M. C., formerly a soldier in the United States army, having been out on a spree with a friend, had become intoxicated, and upon arriving home, had a misunderstanding with his wife, and in the quarrel which ensued, had plunged his right arm through several panes of window glass, cutting and lacerating his arm terribly, and dividing the radial and ulnar arteries some inch and half above the wrist. The hemorrhage was excessive. His struggles, as he tried to tear himself away from those who held him, to do him service, increased the bleeding, until the man was almost exsanguined. Upon my arrival, the loss of blood had reduced the strength of his ferocious struggles, but only to give place to a constant shifting about of his body, from position to position, and the throwing of his wounded arm about constantly. Having no medical assistance, no time to wait to obtain it, it was impossible, by a miserable, smoking, dim, coal-oil lamp, without a chimney, to see or to seize the divided ends of the arteries, which were feebly but slowly throwing out, per saltem, the ruby fluid. He could not afford to lose any more blood, and to fiddle away with the forceps

and sponge, to find the ends of the vessels, with the man jerking his arm about, was a matter of impossibility. Compresses would have been of no use, for they would have been torn off immediately; there was but one thing to do, and that was done quickly. A curved needle was passed under each divided end of the arteries, about one-fourth of an inch from the edge of the wounds, and the skin tied in. Hemorrhage, of course, ceased, and the patient was put under proper medical treatment, and left for the night. The next day at twelve M., sixteen hours after, the ligatures (if you please to call them so) were withdrawn, and no further trouble followed.

Another case I remember: A hack driver was struck with the sharp metal edge of a battered handle of a coach whip, in a Southern city, which divided the temporal artery about an inch above the ear; he was seen by a surgeon (it was evening), who applied a compress and bandage on the wound; the hemorrhage was stayed for the time. At two in the morning following, hemorrhage took place again. Another surgeon was called (the first attendant not being found), who endeavored to find the ends of the artery by dissection; he could not succeed, owing to the patient's remonstrance and suffering. He readjusted the compress, enlarged and applied the bandage firmly. Next morning hemorrhage again took place. The surgeon was called; he tried again to find the ends of the vessel, but the parts were so swollen and sore, that he had to desist, owing to the patient's complaints. He applied Monsel's salt of iron plentifully, and again employed the compress and bandage. For the next day and a half the hemorrhage ceased, only to burst out the following day with increased vigor—the patient meanwhile becoming much exhausted. Again the surgeon was called, only to repeat the process of compress and bandaging.

This state of affairs continued for a week. On the Saturday night following (a week from the infliction of the wound), hemorrhage returning, I was called to see him, and found the man perfectly exhausted from successive bleedings, and the state of the wound in a bad condition. Compressing the artery with my thumb below the wound, I cleansed the wound as well as I properly could, and introduced the curved needle about a quarter of an inch from the wound under the artery, and tied, as the sailors say, "all in." The bleeding ceased immediately, and did not return. In twenty hours I divided and withdrew the silk ligature; no fur-

ther bleeding took place, and the man recovered without further difficulty.

I give these two cases, not as the only ones, for I could give many others, but to illustrate my meaning. Of course I do not indorse such cases as Benjamin Bell mentions in his Surgery, where the surgeon, in a case of wounded axillary artery, plunged in a needle round everything he could embrace, and left his tape ligature, as Bell says, hanging out for days, while the patient's fingers were crooked as a hawk's talons; but I insist, that in many instances of divided or wounded arteries, a small, curved needle, armed with common saddler's silk, passed through the sound skin, near to the point of injury, carried under the artery, and brought out close to where it was introduced in the skin (say about a quarter to half an inch distant), and the ends then firmly tied over a piece of cork, or anything else, or only tying the skin in, as I always do, in many cases, *I will say, in all cases*, is far better, and safer, than to grope and dissect for the ends of the artery to tie them, perchance only to have the ligatures slipping off, and be called to undress the wound, and grope about again, giving pain, losing blood and time, and at the end, doing no more benefit than by quietly passing a silk threaded needle under the vessel, close to the edge of the wound, and tying it. Again, if after the surgeon has tied his ligature, or acupressure thread, as I have stated, if he desires to tie the ends of the arteries in the wound, he can then do it far, far easier and better. There is no blood flowing into the wound (as would be if the tourniquet was applied from the superficial vessels); he can take his time and do his work well, and after he has tied the ends in his wound, he can (if he pleases) snip the acupressure ligature and draw them out. Neither can there be an objection raised, if we say the nerves sometimes are tied in. Suppose they are; what harm will that do for a short time? Does not the tourniquet produce pressure on the main nerves also, and on all the superficial nerves of the limb? This can be no objection.

To the young practitioner, Mr. Editor, for whom this is written, I think I have done some benefit if they will try this method, and it is in a class of cases that always try the nerve of the young and inexperienced surgeon that this method will be appreciated. I know I am very glad to resort to it, and I have probably seen and done as much surgery as any other practitioner of my age, at least in quantity if not in quality.



## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

*February 6, 1871.*

WM. CARSON, M. D., PRES'T.      JAS. T. WHITTAKER, M. D., SEC'Y.

## RENAL TUMOR, WITH DEATH OF PATIENT.

*Dr. Goode* exhibited a specimen, taken from a boy eight years old, of the bladder, kidneys, and a pathological sac, apparently connected with either the kidneys, bladder, or by either the ureter or an abnormal tube. The speaker had not made a critical examination of the specimen, preferring to refer it to the proper section.

The boy died at the age of eight years and five months from simple exhaustion. He first came under *Dr. Goode's* observation in the spring of 1865, when a little over three years old, presenting, as his mother stated, "something about the abdomen." The peculiarity consisted of a tumor, which occasionally presented in the left lumbar region; rapidly increased in size, and always in a short time suddenly collapsed, with the escape of a large amount of urine per urethra. With the collapse of the tumor the distressful symptoms subsided in every instance which attended its formation. No opportunity was afforded of seeing the tumor until the spring of 1868, when he was confined to his bed for ten days. Drs. Wood, Stevenson, Miller, all agreed that it was an accumulation of urine, but had not ventured any theory as to its connection with the bladder or kidneys. On one occasion as much as nine pints of urine were discharged on the collapse of the tumor, passing in from thirty minutes to an hour. Notwithstanding the pain and fever attendant upon each collection of the fluid, the boy continued to grow and develop with the integrity of every function, even those of the brain. On the 26th October, last year, another tumor formed, pointing like the rest toward the left groin. It continued to increase in size, never evincing any symptoms indicating its termination as on previous occasions. Small quantities of highly colored urine were voided normally.

At the end of three weeks, some three pints escaped. At this time the tumor was very large, occupying the whole pelvic cavity, and leaving in the abdominal but a small tympanitic surface on the extreme right. There was now great pain and tenderness, vomiting, emaciation, and finally death, as stated, by exhaustion.

On autopsy, the entire abdomen was filled with a continuous tumor except at the right side, where was found the displaced stomach and intestines. Seven pints of urine were removed after extraction of the tumor. The peritoneum was found so firmly adherent to the tumor as to require considerable force to detach it.

The speaker preferred, as intimated, to advance no theory as to the character of the abnormal sac. As remarkable, is noticed the suddenness of its collapse and the suddenness of the relief to all the unpleasant symptoms.

The specimen was then referred to the section on Pathology and Morbid Anatomy. The following is the report of the section, with some remarks by Dr. W. W. Dawson :

The section on Pathology and Morbid Anatomy begs to present to the Academy the following report in regard to the kidneys referred to it on last Monday evening :

Upon the anterior surface of the left kidney was a large cyst, which had contained nearly a gallon of fluid, but which, at the time of the examination, was very much collapsed from immersion in alcohol. The walls of this cyst were mainly composed of the capsule of the kidney remarkably dilated and thickened ; posteriorly was the anterior surface of the kidney itself, between which and the capsule the fluid had accumulated. The length of the left kidney was seven inches, its breadth three and a half, and its thickness one inch. The surfaces and borders were exceedingly irregular. The pelvis was dilated and occupied a considerable portion of the posterior surface of the organ. Its dimensions were three inches by one and three-fourths. At the bottom of the pelvis were seven openings leading to cavities in the substance of the kidney. These cavities varied in depth from one-half to three-fourths of an inch. Between the upper one and the cyst, there existed a communication by an opening one-eighth of an inch in diameter in the proper substance of the kidney. The ureter emerged from the pelvis at its lower and internal part by an opening slightly oblique, but of normal size. Its caliber

between the kidney and bladder was quite normal. The renal substance was atrophied.

The right kidney was diminished in size; length three and three-fourth inches, breadth three inches at one portion, one and a half at another; thickness one and one-fourth inches. The pelvis was dilated and contained about two ounces of turbid fluid, of which a considerable portion was alcohol, which had penetrated through the walls. It was three inches in length by two and a half in depth. In it there were also seven openings, varying from one-fourth to three-fourths of an inch in diameter, and communicating with cavities about one-half an inch in depth. Upon tracing the urethra upward, it was found to join the kidney at the inner portion of its inferior extremity; it thence extended in the wall of the pelvis, between its fibrous and mucous coats, an inch and a half before opening into its cavity. Its orifice was valvular, smaller than normal, and was located about the middle of the internal border. It required some prepuce to force the fluid contained in the pelvis through the ureter. The ureter was neither dilated nor contracted. The substance of the kidney at the upper part was five-eighths of an inch in thickness.

The consistence and color of both kidneys were altered, but whether from immersion in alcohol or from some morbid process was not ascertained.

The bladder was very small, three inches by two. Before being opened, its thickness was five-eighths of an inch. Thickness of fundus three-eighths of an inch. Mucous membrane healthy.

The fluid from pelvis of right kidney, when subjected to microscopical examination, was found to contain columnar and pavement epithelium, having a granular appearance; also granular matter and a few granule corpuscles. The solid residue, obtained by evaporating the fluid to dryness, redissolving in alcohol and again evaporating, afforded no induration of urea on the addition of nitric acid.

In some respects this case is quite unique. The large cyst developed upon the left kidney was not, as is usual in cases of nephrosis, formed by the dilated pelvis, the flattened remains of the atrophied kidney and the capsule, but by the anterior portion of the capsule and the kidney, between which the urine, after having broken through the renal substance, had gradually accumulated, detaching the capsule from the kidney and dilating it into the large sac found after death. To this cause is, in all prob-



ability, due the small amount of atrophy of the kidney observed, for with such a tumor, formed as in most cases of hydronephrosis, a much greater amount of atrophy would have been found.

The right kidney exhibited, in a very marked manner, the most common cause of this condition, namely congenital malposition of the upper portion of the ureter. As was stated, this tube ran for an inch and a half in the walls of the pelvis and then opened into it by a valvular slit; this rendered it liable to be occluded by the slightest accumulation of urine in the pelvis.

In the left kidney this condition was observed, but to a limited extent. The ureter instead of joining the pelvis, by a gradual funnel shaped expansion in the middle of the hilus, entered its lower and internal portion by an oblique opening, of which the caliber was no greater than that of the ureter below. It seems very probable that at birth the same condition existed in the left as was subsequently found in the right (perhaps to a limited extent), and that afterward, as the pelvis became dilated, it assumed an altered relation to the ureter.

It will be readily understood that patients afflicted with this disease, even if it be limited to one kidney, hold their life by a most uncertain tenure; yet it is very extraordinary that in some cases in which both kidneys have been completely atrophied, so that no trace of their substance could be detected after death, the patients have lived for some time. Two such cases are referred to in Roberts' Treatise—one of Dr. Strange, published in Beale's Archives, the other of Dr. Faber.

The size to which these tumors attain is sometimes very great. Roberts alludes to a case published in the Phil. Trans., 1747, in which the tumor contained thirty gallons of fluid. The diagnosis of these immense collections is frequently very obscure. Dr. Bright, in his treatise on Abdominal Tumors, states that he has known tumors of the kidney mistaken for those of the liver, spleen, uterus, and ovary. The latter would probably be the most common source of error. Skoda had a girl tapped supposing that she had ovarian dropsy, subsequently she was several times tapped with temporary benefit; when she died, it was found that there was hydronephrosis of one kidney. This case is also referred to by Roberts. A case worthy of note in connection with tapping was published by Mr. Thompson, of Nottingham, in the Path. Soc. Trans.

The diagnosis in this case was almost certain, as the patient at

one time had passed per urethrum a large quantity of fluid, the tumor at once disappearing. It however returned and was tapped, January, 1852, the trochar being introduced between the eleventh and twelfth ribs, and eight quarts of fluid withdrawn. The sac again filled, and was a second time tapped, December, 1852. The patient remained well until March, 1860.

The contents of these cysts vary considerably. Generally they contain sero-albuminous fluid, having in solution some of the constituents of the urine. In the specimen referred to the section, none of these organic materials was found, and probably none existed, as urea would have been present in such case. Sometimes the material is colloid. Niemeyer remarks, in his Practice, that the fluid accumulating in the pelvis soon presses so much upon the papillæ that no more urine is secreted, and hence the small amount of urea, etc., usually found. The increase in size of the sac afterward he refers to the secretion of mucous membrane lining it.

Among other cases alluded to by Roberts is one of Dr. Hilliers', originally reported in vol. 48, *Med. Chir. Transact.*, as a successful case of surgical management: Boy then three years, four months old. Much irritation and depression followed the several tapplings. After one of the operations a quantity of fluid was passed from the bladder similar to that from the cyst, and quite unlike what was usually passed from the urethra, a temporary communication thus obviously being established between the cyst and the bladder. At the first report of the case there had been no operation for several months, and the patient had regained his strength; but the cyst remained, and his urine was often purulent and fetid. That history terminated in December, 1865. Between that time and July, 1868, when the history of the case is resumed (in vol. 52, *Med. Chir. Trans.*), he was tapped once, and a quantity of urine-like fluid was drawn off. He died August 5th, after more or less of uræmia. On post mortem the cyst was found to fill the greater part of the abdominal cavity. Its posterior portion was found to occupy the situation of the right kidney, and the supra-renal body of normal size and body was attached to it. In the right loin the cyst presented a constriction, behind which a portion of the cyst presented somewhat the appearance of a greatly enlarged kidney; the color, however, was pale and bladder like. One very small part of the cyst wall, near what would be the hilus of this veniform part of the cyst, showed a very pale kidney color. The main body of the cyst in front of this was globular or ovoid. The ureter was

found proceeding from the lower part of the cyst, attached for about an inch to its wall. This ureter, examined from its vesical end, was found to enter by a much smaller orifice than usual. The ureter was smaller than normal. The cyst measured twenty-seven inches in circumference over the long diameter, and twenty-four over the short one. It was nine inches long, eight wide, and six and a half deep, and contained eighty-three ounces clear fluid, having lemon color and urinous smell, sp. gr. 1002, slightly acid, a trace of albumen. The obstruction was found to be due to an abnormally small ureter, a congenital stricture, through which fluid did not usually pass, although it might do so under extreme pressure from dilatation. The dilatation of the left pelvis was due to calculous matter, which occasionally clogged the ureter.

*Dr. Dawson.* One of the features of the case of Dr. Goode, the history of which he gave at the last meeting, and upon the pathological specimen of which the section on Pathology have this evening reported, was a periodical subsidence of the abdominal swelling after a sudden gush of fluid from the urethra. This feature of the case led Dr. Goode to a positive diagnosis—the only one which he could make—a renal cyst.

The section on Pathology have referred to the case of Hydro-nephrosis, reported by Dr. Thomas Hilliers in the *Medico Chirurgical Transactions*, Vols. 48 and 52. The patient was a boy three years and four months old when first seen by Dr. Hilliers. He lived until August, 1868, being something over eight years of age at his death. He was tapped frequently near the median line, and with temporary relief. When we reflect that this tumor was diagnosed as renal, we can but wonder that the tapping was done in front, and our wonder is still greater at finding that although the fluid obtained was dilute urine, that the boy survived the first operation. The point to which I wish to call attention is the resemblance between this case and the one reported by Dr. Goode, in the occasional subsidence of the tumor by a sudden gush of fluid through the urethra. The mother stated that on several occasions he had passed large quantities of fluid by the urethra, and accompanying these discharges there was a marked subsidence of the swelling. The post mortem showed that the ureter did not enter the cyst direct, that it passed for some distance along its walls; that the moderate distension of the cyst prevented the escape of the fluid; when, however, the distention became too great,



the fluid would press its way through the ureter and escape by the bladder.

The diagnosis of abdominal tumors is presented to the mind of the physician by such cases, and when we reflect that so distinguished a man as Spencer Wells has mistaken a renal cyst for an ovarian dropsy, the definition of these enlargements becomes a matter of the most vital interest. Dr. Henry Cooper Rose, in the *Medico Chirurgical Transactions*, Vol. 51, reports a case of cystic degeneration of the kidney, simulating in a remarkable degree ovarian disease. The case, I think, will show very forcibly the uncertainty of a positive diagnosis. The patient was a young lady, eighteen years of age, when first seen, in 1856, by Dr. Rose. Two years previously she had noticed blood in her urine, and I may say that in the subsequent eleven years of her life, not only blood but pus and albumen were frequently detected. Dr. Rose, on his first examination, found a tumor occupying the position of the left ovary, about the size of an orange; the uterus was moveable and normal in size. In 1861, after the tumor had enlarged so as to fill the whole space from the pubes to the diaphragm, Spencer Wells diagnosed it as either ovarian dropsy or pelvic abscess. In 1865, the tumor was tapped and yielded a sanguineous, clotty fluid, without a trace of the elements of urine in it. In 1866, one year before her death, the uterus could not be felt by a vaginal examination. The points to which I wish particularly to direct the attention of the Academy are the position of the tumor when first examined and the conduct of the uterus. The position of the tumor when first discovered was not in the loins, between the ilium and ribs, the locality where renal cysts generally manifest themselves, but in the region of the left ovary, and from this nucleus the enlargement proceeded; this is, as is well known, the history of the great majority of ovarian tumors. The conduct of the uterus was such as is frequently found in ovarian dropsy. In most of these cases the uterus is in a state of prolapsus, pressed down by the weight of the tumor; but occasionally the uterus is at first in its normal position, but by a close attachment to the ovary, the ascending tumor lifts it so high in the vagina that it can no longer be reached by the finger. In renal enlargement the uterus is usually undisturbed, at least until the tumor becomes so great as to encroach upon its fundus and press it deeper into the vagina. By some accidental adhesion in Dr. Rose's case, however, the uterus became attached to the tumor, and as the latter

increased in size the former was dragged upward. These two diagnostic elements, probably never before associated with renal enlargement, and so essentially characteristic of ovarian dropsy, presented to the surgeons almost positive evidence that the disease was of the latter character. The sanguineous clotty fluid without an element of urine in it, which was drawn from the tumor, was also well calculated to exclude the kidney.

The diagnosis between renal and ovarian cysts may, in most cases, be made with tolerable certainty. 1. The situation of the kidneys behind the peritoneum necessarily places the bowels in front of them when enlarged or dropsical. On the right side the colon would be pushed forward and toward the median line. On the left the descending colon would form a longitudinal ridge. This was the position of the colon in the unfortunate case of Spencer Wells. Down the front of the tumor, about an inch to the left of the umbilicus, was a cord-like ridge, which was taken by some who examined it for intestine, though it felt to Mr. Wells, as he says, very like a large, long, and thick Fallopian tube. When he made his abdominal section, he found that this cord-like ridge was the descending colon. He pressed it out of the way, tapped the cyst, but found it so liberally attached at its base that he did not attempt to remove it. The post mortem showed that it was a renal instead of an ovarian cyst. Something may be done in the way of defining a ridge in front of an abdominal tumor. The patient may be conscious of gurgling flatus along it if it be intestine. Mr. Wells speaks of the bowel, when rolled under the fingers, contracting with a firm, cord-like moveable roll. Again, the cord, if it be the colon, may be distended by insufflation by a tube through the rectum. Ovarian tumors are almost always in front of the intestines. 2. The situation of the tumor on its first appearance, the ovarian in the iliac region, the renal in the loins. This point I discussed when speaking of Dr. Rose's case. 3. A floating kidney may be diagnosed from a small ovary with a long pedicle by the shape; the former would be of its characteristic form, notched at the pelvis, while the latter would be regular in outline, and globular or ovoidal. 4. Renal cysts are always associated with disturbance of the urine; blood, pus, or albumen, or all of them may be found in the secretion. Ovarian disease is just as constantly associated with disorder of menstruation.

## Hospital Reports.

### CINCINNATI HOSPITAL—SURGICAL CLINIC.

*January 28, 1871.*

*A Case of Fracture of Dorsal Vertebrae, with Remarks by  
T. H. Kearney, M. D., Surgeon to the Hospital.*

Reported by JOHN P. GREEN, M. D., Resident Physician.

James Lynch, aet. twenty-three; born in New York; occupation a painter; single; admitted January 27th, at three p. m. He states that, at about two o'clock this morning, having been drinking freely in the early part of the night, he was ascending stairs, and, when near the third floor, fell over the railing and was precipitated without interruption to the first floor, a distance of probably twenty-five feet. Was unconscious for several hours after the accident, but was perfectly rational when admitted. He is a robust young man, rather below ordinary size; left anterior portion of scalp badly cut and lacerated; muscles to a considerable extent separated from the skull, but the latter is not fractured, nor is the pericranium detached; pupils dilated, but contract under a strong light. There is complete paralysis as regards motor power, sensation, and reflex action, of both lower extremities and of lower portion of body. The anæsthesia extends as high as an inch below the nipples, where it ends quite abruptly, the skin immediately above this line possessing its normal sensibility. Examination of the spine reveals a circumscribed tender spot about the third dorsal vertebra, with a sense of crepitation similar to that observed in emphysema or extravasation of blood in the same region, but no bony crepitus or deformity can be detected. The patient complains of pain in the back when in a supine position, but is comparatively comfortable when in a position half way between back and right side. Changing position or introducing a catheter excites priapism, which subsides in a few minutes; urine retained; pulse 100, small and feeble; temperature of body normal; abdomen slightly tympanitic.



GENTLEMEN: The case I present you to-day is one that is not of very frequent occurrence, and after hearing the symptoms as detailed in the history just read, you will easily infer that this poor fellow has sustained a no less serious injury than fracture of some portion of the spinal column. The extent of the paralysis, together with the location of the tenderness, point to the third or fourth dorsal vertebra as the seat of the lesion. The absence of deformity and crepitus can not be taken as evidence to disprove the existence of fracture, for in a large proportion of cases the body of the vertebra is crushed, while the arch which constitutes the posterior boundary of the spinal canal remains intact. This is especially true of those cases in which the injury is caused by *transmitted* and not by *direct* violence; and it is to this class that the case before you probably belongs. A careful inspection of the premises where the accident occurred has been made by my assistant, and all the circumstances seem to indicate that the fall was an uninterrupted one; and that the head was the part that first struck the floor. In that case the fracture would be caused by the weight of the body being received and concentrated on the upper portion of the dorsal region, together with the violent bending of the body forward. The absence of contusion over the seat of injury is additional evidence that the fracture was not caused by direct violence. The most prominent symptom in case of fracture of the spine is the paralysis. This affects all those parts whose nervous supply is derived from below the point where the cord is injured.

If the fracture be located in the lumbar or lower dorsal region, the inferior extremities will be paralyzed, as also will the rectum and genito-urinary organs. If the upper dorsal region be the seat of the lesion, to the symptoms just enumerated will be added embarrassment of respiration. This is well exemplified in the case before you, as you notice that a feeble inspiration is effected by the diaphragm, the abdominal muscles remaining passive, while the thoracic walls, instead of expanding, are absolutely retracted, expiration being accomplished merely by the elasticity of the chest wall and abdominal viscera. When the injury occupies the cervical portion, and below the sixth vertebra, the phenomena will only differ in degree from those observed when the upper dorsal region is injured. If, however, the fracture be above the sixth cervical vertebra, there will be paralysis of the upper extremities; and when the injury occurs as high as the third cer-

vical vertebra, the functions of the phrenic nerve will be destroyed; the diaphragm, the only remaining respiratory muscle, will be paralyzed, and immediate death from asphyxia will result.

Another not infrequent symptom is priapism. This may be merely a state of passive engorgement of the penis, due to paralysis of the vaso-motor nerves, or it may be caused by irritation of the nerve centers from which that organ is supplied. Mr. Hutchinson regards this symptom as peculiar to fractures in that portion of the column involved in the present case.

The paralysis of the bladder is at first marked by retention of urine. After a time, however, the neck of the bladder ceases to act as a sphincter, and the urine dribbles away. Some authorities attempt to explain this change on the ground of a partial restoration of power in the detrusor urinæ muscle, through the sympathetic system. It seems more probable, however, that the retention, in the first place, is owing to a purely mechanical obstruction at the neck of the bladder, which is removed by a few introductions of the catheter, whereby the paralyzed tissues are simply stretched or displaced. We find a corresponding condition of the bowels, there being at first constipation, and later, incontinence of feces.

The prognosis, in cases of fracture of the spine, is always extremely unfavorable; but while the ultimate fate of a given victim is sufficiently easy to decide, the immediate future of a case will be greatly influenced by the location of this injury. When this is sufficiently low not to affect the respiratory function, life may be prolonged for months, and the patient finally perish from exhaustion caused by sloughing of parts which receive the weight of the body. Death is not infrequently hastened by inflammation of important viscera, to which the paralysis is always a predisposing cause. This latter is especially true, as regards the bladder and kidneys.

When the lesion is high enough to impede respiration, the blood is imperfectly arterialized, and a low form of pneumonia frequently supervenes, which terminates the case in a brief time. Any condition giving rise to free bronchial secretion or effusion, in such a case, adds, of course, very seriously to the peril, owing to the great difficulty of keeping the air passages free.

The higher, then, the seat of the injury, the greater the risk, and the nearer the end of the unfortunate patient. For, the more extensive the paralysis of the chest walls, the greater will be the degree of embarrassment in the breathing.

It will be readily anticipated, after what has been said as regards the prognosis, that the treatment consists wholly in palliative measures. The patient should be placed under the best possible hygienic circumstances; a judicious amount of nutritious, easily digestible diet should be provided. The tendency to sloughing should be combatted by the use of air cushions, etc., and frequent changes in position. The distension of the bladder should be at first relieved by the catheter, and later, when there is incontinence of urine, every precaution should be used to prevent its contact with the body. The bowels at first must be regulated by enemata and laxatives, and other symptoms met on general principles. The question of operative interference might be dismissed very summarily, were it not that so high an authority as Erichsen approves of such attempts. And yet he mentions only a single case, out of the many operated on, which can be claimed as a success; and of that one, which occurred in Dublin, he gives no particulars. Efforts in this direction have been stimulated, very probably, by the teachings of Brown-Sequard. Such an attempt might hold out some possibility of success, when the injury consists of fracture, with a driving in upon the cord, of the posterior arch of a vertebra. But even then, should it be necessary to expose the vertebral canal, success would be barely within the range of possibility. Cases may occur of fracture of the laminae, that, if depressed upon the cord, might be elevated by seizing the spinous process without exposing the vertebral canal. In such a case we might hope, provided the injury to the cord was not severe. But where the injury has been received in the way we suppose it has in the case you have just seen, it is presumable the force was received by the *bodies* of the vertebrae, and not their posterior *arches*. I need not tell you how entirely beyond our reach an injury situated in the *body* of a vertebra is!

The above case progressed to a fatal termination on the twenty-fourth day after the accident. On the third and fourth days there was considerable delirium, with dyspnœa, weak thready pulse; apparently all the evidences of the near approach of dissolution. On the fifth day there was marked improvement; food was taken with relish, and there was little or no further change in the patient's general condition until the fifteenth day. After that date there were frequent rigors, irregular in their recurrence, and the patient very gradually sank. The temperature in the axilla ranged from a little below the normal standard (on the fourth



day) to  $103.5^{\circ}$ , the latter being reached only immediately after the rigors referred to. From the fifth to the fifteenth day it was not above  $101.5^{\circ}$ . As early as the sixth day there was some disposition to sloughing over the right trochanter, where there had been a slight contusion; and a few days later, a similar tendency manifested itself over the sacrum. By the use of air cushions and lead plasters, this was in a great degree controlled, so that the sloughing was only superficial and not extensive at the time of death. On the fourth day there was incontinence of urine. On the sixth the urine was alkaline. These conditions continued throughout the progress of the case; the catheter was passed occasionally, but at no time was there more than from four to six ounces of urine found in the bladder. About the twelfth day a belt of minute vesicles appeared, completely encircling the body, about two and a half inches in breadth and corresponding accurately with the line of paralysis. The autopsy revealed a very extensive fracture, involving, anteriorly, the bodies of the third, fourth, and also a small portion of the anterior and upper margin of that of the fifth dorsal vertebra; the line of fracture passed obliquely from above downward and forward, and from the right toward the left side. There was a remarkable degree of lateral and downward displacement—the middle line of the body of the fourth being fully three-quarters of an inch to the left of that of the fifth dorsal vertebra. The downward displacement amounted to an inch and a quarter—the head of the fifth rib being at the same level with and anterior to the sixth. There was also a fracture of the head of the fifth rib.

Posteriorly, the spine of the third, and arches of the fourth and fifth dorsal vertebræ, were broken, with, however, no displacement from the proper line. Though not themselves displaced, the separation of the arches from the bodies was marked, owing to the great degree of downward and lateral displacement of the bodies. This condition explains the absence of distinct crepitus during life. There was not the slightest evidence of any attempt at repair. For the sake of preserving the specimen of fracture, an examination of the cord was omitted. The walls of the bladder were thickened, and its mucous surface was covered with shreds of loosely adherent false omentum. At one point its peritoneal surface was adherent to the membrane, and the wall at that point was in a sloughy condition, being readily lacerated, upon tearing up the peritoneal adhesions. The ureters were dilated and their mucous

membranes, as well as those of the pelvis of the kidneys, deeply congested. The substance of the kidneys contained a great number of minute abscesses, the majority of them being in the cortical portion. The tubuli were not perceptibly dilated.

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### THE GOOD SAMARITAN HOSPITAL.

F. P. ANDERSON, M. D., Resident Physician.

*A Migratory Testis.*—J. S., boatman, 27 years of age, was admitted for treatment of a chronic dysentery. On physical examination, a small pyriform tumor was found in the left inguinal region, the manipulation of which caused nausea and faintness. The discovery of but one testis in the serotum led to the following history: In 1857, while trimming trees, he fell astride of a limb, thence fainting to the ground. For a few days the scrotum, unlacerated, was exceedingly sensitive, and the inguinal tract of the left side was quite painful; three days after the fall, the reduction of swelling and pain permitted a close examination, when the absence of the left testis was ascertained. No ill effects followed. He entered the line during the late war, and marched without inconvenience. During 1865, he being at the time in active military service, a tumor appeared occasionally at the internal ring, but in exercise was retracted. Of late the tumor has descended almost through the external abdominal opening, accompanied by a dragging, dull pain; it corresponds in size, density, and sensitiveness with the right testis. The canal will admit the finger. There is no cicatrix on the scrotum.

*Counter-irritation.*—W. D., aged 19, observed, on the sixth day after exposure, that he could not retract the prepuce; the next day a purulent discharge came from the orifice, and three days subsequently (February 24) he was admitted into the venereal ward. At this time the prepuce was much swollen, hard and nodulated; the condition of phymosis prevented a definite conclusion as to the source of the discharge. In accordance with the suggestions of Mr. Furneaux Jordan, that sharp counter-irritation be applied over the adjacent vascular tracts to subdue local inflammation, the

following preparation was applied over Scarpa's triangle on either side: *R. Ammonii iodidi; iodini āā ʒij; spts. vin. rect. ʒij.*

On the second day, after three applications, the œdema was diminished sufficiently to show and exclude the meatus; on the third day, after five applications, the prepuce was retracted easily, and a number of small ulcers were disclosed at the verge of the mucous lining. These were dressed with a lotion of carbolic acid and iodine.

Discharged, cured, March 9.

*Concealed Ulcers—Hemorrhage.*—I. L. W. J., a colored man, 27 years of age, contracted a venereal disease, four days after coitus, a week before Christmas last. Was treated by a *sage femme* for gonorrhea. The first symptom he observed was a slight discharge, not preceded by painful micturition; this has continued, and four weeks since the disease became more grave; the corpus spongiosum was swollen, the entire organ distorted, and a constriction just back of the glans rendered retention imminent. Admitted March 9. The glans, exposed normally, had a circumference twice that of the root; the meatus was patulous and emitted a thin, glairy discharge; just back of the glans, the body was large, tense, and constricted. The iodine preparation was applied in a manner similar to the preceding case, and on the second day marked diminution was recognized; the constriction was quite relieved. A weak solution of carbolic acid and iodine was injected cautiously into the urethra, and an excessive hemorrhage followed, that, resisting ice-water persistently applied and injected, was controlled by a solution of subsulphate of iron. The ulcer may now be recognized easily; it is yielding to the treatment. Solitary glandular enlargements in either groin are disappearing.

II. Nine days after an impure connection, M. M., aged 20, observed a free discharge from the urethra; micturition became exceedingly painful a few days afterward. March 13, a week after the appearance of the disease, he was admitted to the venereal ward. The passage of urine gave him such acute pain that he had suffered a retention of twenty hours. His clothing was stained with blood from the urethra. A catheter was introduced and the parts examined on it. Just within the meatus, in the lower surface of the canal, an induration the size of a pea was found, and it was to this point that pain was referred chiefly, the



rest of the tract was not markedly sensitive. By passing a probe about, the caliber just in front of the fossa navicularis seemed preternaturally great. On two occasions since admission this patient has had considerable hemorrhage that ceased, however, spontaneously. All the symptoms are abating under a lotion of tinct. aloe  $\mathfrak{z}$ ij—aquæ  $\mathfrak{z}$ iv.

*Iritis adversus Erysipelas.*—On June 15, 1870, H. W., canal-boatman, 23 years of age, was affected with the primary lesion of syphilis; on the 2d day of October he was covered profusely with psoriasis guttata, and November 15, had an iritis of the left eye, and was admitted to Prof. Seely's ward at the Cincinnati Hospital; after a few weeks he was recovered sufficiently to resume his occupation. January 2, 1871, the right iris became affected, and when he applied for relief, a fortnight afterward, the anterior chamber was half filled with pus, the circumcorneal zone was intense, and the pain demanded decided anodynes. The case resisted treatment until January 26, when erysipelas appeared on the face, closed the lids, and excluded observations of surgeon and patient; from this time all pain in the globe and about the orbit ceased completely. On the morning of February 8, the lids separated; the hypopyum had disappeared, and all indications of inflammatory action were quelled; the iris was of normal color; no synocha.

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*Brandreth's Pills*, which, according to the analysis of Dr. Wittstein, consist of resin of podophyllum, poke berry juice, saffron, cloves, and oil of peppermint, are said to have netted the proprietor nearly \$2,000,000; a fact which is announced by an exchange under the appropriate heading of "Pillage." Among other nostrums, of which the formulæ are given in Wittstein's *Taschenbuch der Geheimmittellehre*, are the following, largely advertised in America, which we find quoted in the *Amer. Journal of Pharmacy*:

*Holloway's Pills* are composed of aloe, myrrh, and saffron.

*Morrison's Pills*,  $2\frac{1}{2}$  grains each, consist of aloe, cream of tartar, and colocynth; another kind contains the same ingredients, besides gamboge.

*Radway's Ready Relief*, according to Peckolt, is an ethereal tincture of capsicum, with alcohol and camphor.

*Radway's Renovating Resolvent*, a vinous tincture of ginger and cardamom sweetened with sugar.

## Translations.

### *The Morbid Anatomy of the Kidney*

[Continued.]

By Prof. W. H. TAYLOR, M. D., Miami Medical College.

#### CHANGES OF THE INTERSTITIAL TISSUE.

In the normal condition, the interstitial tissue consists of a tolerably firm connective tissue, whose fine and tenacious fibers interlace in all directions, and thereby impart to the kidney its firmness.

The dimensions of the interstices scarcely exceed that of the capillaries which they inclose; it is poor in cell elements, but rich in areolæ, which, as Ludwig has shown, are connected with the lymphatic system.\* In the tubuli it is increased in thickness and forms the tunica propria, and in the glomeruli it forms the foundation of the vessels. On the surface of the kidney it is directly connected with the capsule.

*1st. Morbid Conditions.* Every increase of pressure of venous blood, if long continued, produces a peculiar alteration of the substance of the kidney, which has been designated *cyanotic induration of the kidney*. The organ is larger than normal, the surrounding connective tissue contains but little fat, the capsule is easily detached, and the surface of the kidney is full of blood and is perfectly smooth; the stellate veins are much enlarged and distended with blood.

The consistence of the entire organ is markedly increased, and does not diminish after the removal of the blood. On perpendicular section, both portions are deep red, but on account of the distention of the vasa recta, the pyramidal is generally deeper colored than the cortical. In the cortex, the congestion is uniform (in the capillaries), the glomeruli not appearing excessively full. In microscopic sections it is seen that the veins and capillaries are distended backward to the glomeruli.

Ordinarily, the epithelium of the tubuli is not changed; the in-

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\*Rindouski has found lymphatic vessels with independent walls lined by endothelium, which form net works around the blood vessels and tubuli, and extend to the glomerulus.—*Centralblatt*, 69, s. 145.

terstitial tissue is unusually firm, but little, if at all, increased in volume; while fresh, it is easily spread out with the pencil, and shows its fibrillated structure more distinctly than normal.

These changes may exist for a long time without impairment of the function of the kidney, but a slight increase of pressure in the arteries is sufficient to produce albuminuria or extravasation of blood from the malpighian tufts, because the venous current is impeded.

A second danger is threatened by consequent disease. The blood stagnated in the capillaries containing much carbon and but little oxygen, the nutrition of the kidney is impaired, and granular degeneration of the epithelium, especially of the convoluted tubes in the cortex, results. The cortical substance becomes pale grayish red, in remarkable contrast to the cyanotic hue of the pyramidal portion; the swelling of the epithelium in the convoluted tubes produces anæmia of the surrounding capillaries; in consequence of the impeded flow of blood from them, and the pallor of the adjacent tissue, the malpighian bodies appear as prominent dark red granules—not unfrequently they burst and discharge their blood into the tubes.

A further danger results from the interstitial inflammatory changes, which occur especially in the most superficial part of the cortex and in old people. The kidneys then are but little diminished in size, and the surface but slightly granular. In recent cases the connective tissue around the glomeruli and the convoluted tubes is particularly infiltrated; later, a cicatricial tissue is formed, which, as it contracts, obliterates the malpighian capsules and the tubes. In these secondary inflammations, it is probable, as Munk suggests, that the successive extravasations of blood into the tubes are the source of the inflammatory irritation. In the genuine senile forms, it is not improbable that the diminished supply of arterial blood is the cause of the atrophy of the peripheral portion and the obliteration of the tubuli. *Edema* seldom occurs in these states, as the increased connective tissue resists the distention of the areola with fluid.

*2d. Interstitial Nephritis.* We must distinguish three forms of this disease, according to the starting point of the inflammation, viz: 1st. Primary Nephritis, beginning in the connective tissue of the kidney; 2d. Embolic Nephritis; 3d. Pyelonephritis.

*a. Primary Diffuse Nephritis—Morbus Brightii.* Although the advances in pathology lead to the exclusion of cyanotic indura-



tion and amyloid degeneration from the classic description, yet the conception of the primary renal disease, as it appeared to the genius of Robert Bright, must still be incorporated in a definition of the disease which bears his name.

There can be no doubt that the later process is inflammatory in character, and it is equally certain that the termination is the contracted kidney.

But to determine the earlier changes is a problem requiring the most careful comparison of clinical and anatomical observations for its solution. The scheme which gives the three successive stages of *hyperæmia*, *exudation*, and *contraction*, leads to the error of regarding *every* case of hyperæmia as the commencement of Bright's disease. The recognition of the cyanotic induration of the kidney removes this source of error, and consequently we find the hyperæmic kidney more frequently in the text-books than on the dissecting table. About the same may be said of the hemorrhages from the kidney, which very often occur without causing Bright's disease. A second embarrassment arises from the misinterpretation of correctly observed facts.

In the earlier stage of Bright's disease, changes of the epithelium, which we now call "cloudy swelling," are found; the debris of this epithelium is found in the urine, and from it the desquamative or catarrhal nephritis has been constructed. We have shown that granular degeneration of the epithelium does not lead to the symptoms and anatomical changes characteristic of Bright's disease, consequently this is not the starting point of the disease.

If we bear this fact in mind, and are not misled by *theories*, we must admit that *no alteration of the kidney is known which precedes the interstitial inflammation*, or leads to it.

We have, therefore, to regard Bright's disease as a genuine inflammation of the kidney, which begins with an accumulation of lymph elements in the interstitial tissue, and through the connective tissue resulting from this exudation leads to contraction of the organ; hence we distinguish two stages, that of *cellular infiltration* and that of *contraction* (or occasionally of restoration).

*a.* The stage of infiltration of lymph elements into the interstitial tissue.

Both kidneys are simultaneously involved, though sometimes one is affected to a greater degree than the other, or extraneous influences may cause some diversity of appearance, *e. g.*, as is often the case, the right kidney may contain more blood than the left,

probably because the liver compresses the renal vein of that side and impedes the return of blood; the left kidney sometimes *appears* the larger when viewed on the surface, but the right is more increased in thickness. Enlargement of *one* kidney sometimes occurs, but from my observation only where there has been previous contraction of the other. I have seen a similar relation in a single kidney with two pelves—one portion being contracted, the other part being in the first stage of nephritis was enlarged. If cicatrices exist in the kidney, they do not participate in the enlargement; the hypertrophy may be very great, especially if but one kidney exist, or if the other is incapable of performing its function; in such a case the kidney which may occupy the whole hypochondrium produces the impression of the existence of a tumor; in all cases it much exceeds the size attained by the cyanotic kidney, or one affected by granular degeneration of the epithelium, not seldom being from two to three times the normal size. Unfortunately we have no exact measurements. Rayer gives the increase in weight as from four to twelve ounces.

The consistence of the organ is neither so soft as in granular degeneration of the epithelium, nor so firm as in cyanotic induration; it may be compared to that of caoutchouc, which from its elasticity it closely resembles.

The capsule of the enlarged kidney is readily separable, often even more easily than in the healthy condition; the surface is smooth, glistening, and always paler than normal; the stellate veins are very distinct, showing an obstruction to the venous current as in cyanotic induration; the other portions of the surface, according to the stage of the disease, are equally filled with blood, or the central parts of the lobuli are paler, the minute polygons being bounded by bright red lines, \* \* \* \* or very often the anæmia of the surface is irregular, mottled, from the unequal swelling of the connective tissue; finally the surface becomes nearly uniformly pale, the deep red color giving place to a dirty gray or white, intermixed with which are minute dark points, resulting from extravasations in the malpighian capsules, the commencement of the urinary tubules. If we now turn our attention to the color of the parenchyma, we see, on close examination, that the light gray color of the glistening and apparently moist surface consists of two differently colored portions; in a transparent gray, sometimes almost jelly-like substance, innumerable small white bodies are imbedded; the bodies are quite equally distributed, but their form

varies greatly; sometimes they are composed of minute granules—again the separate bodies seem to be united by tortuous lines, which are the convoluted tubes, filled with fatty degenerated epithelium. From this examination it will be seen that the hypertrophy of the kidney results from increase of the cortical portion, which may be two or three times its normal thickness; the anatomical elements which occasion these changes, being distinctly defined, admit of close examination. The pale white lines perpendicular to the surface contrast with the broader translucent stripes; the former are the zones of the convoluted tubes containing distended glomeruli; later, the glomeruli are collapsed and are associated with minute extravasations; the latter are the less affected straight tubes; the swelling of the basis substance is apparently more distinct than in the other zones. The pale white lines of the convoluted tubes extend into the pyramids, separating the straight tubes and the vasa recta; the bases of the pyramids are therefore distinctly widened, but show no other considerable alteration; at first their vessels are much engorged—later, the engorgement, chiefly collateral, diminishes; but this part does not become so anæmic as the cortical substance; the consistence of the connective tissue is but little changed—it is firm, moist, and œdematous; the pelvis is often hyperæmic and slightly œdematous.

Microscopical examination of the cortex shows the basis substance between the tubuli increased, often acquiring the diameter of the tubuli. This increase is the result of the deposit of innumerable lymph elements. At the same time a clear, serous fluid is present, which, with the lymph elements, fills the interspaces of the connective tissue; hereby a condition similar to phlegmonous inflammation of the subcutaneous tissue is produced. At the commencement the serous element predominates; this becomes more and more cloudy from the addition of lymph elements; so in its removal the fluid first disappears, while the lymph elements are subjected to a slower process of removal.

Although forty years have passed since Bright\* first showed the dependence of hydrops and albuminuria upon renal disease, still the knowledge of the finer mechanism of their connection has not advanced beyond the range of theory. This much only is clear, that a correct elucidation depends upon a proper appreciation of inflammatory processes. Attempting now, from the

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\*Diseased Kidney in Dropsy, 1827.



previous descriptions, to frame a history of the origin of nephritis, 1st, simultaneously and throughout the cortical portion of both kidneys, we have an abundant exudation of lymphatic fluid, which dilates the interstices of the connective tissue, and is accompanied by a constantly increasing quantity of migrated white corpuscles, whose mass finally completely fills the interspaces. The origin of this process is not yet known. It is inaugurated by a distention of the arteries and capillaries, the so-called active hyperæmia, and we must infer that at the same time an alteration of the vascular walls occurs, that a simple vaso motor paralysis could not produce the transudation. The accompanying cellular migration must be considered the important element in the further changes; the active migration of the corpuscles produces compression and anæmia of the capillaries, and impairs the nutrition of the epithelium of the tubes, thus leading to fatty degeneration. It remains for us to consider the changes in the secretion of urine, and the contents of the tubes resulting from these processes. It has already been remarked that the epithelium of the convoluted tubes undergoes fatty degeneration; at the same time, in consequence of the increased pressure of blood, its elements transude from the glomerulus. This is followed by the escape of fibrinogenous substance in greater than normal quantities, which forms fibrin in the various portions of the tubular structures, producing the hyaline casts, then dissolved albumen, which mixes with the urine, and finally red corpuscles, which are found free in the urine, and mixed with the other elements of the blood in the tubuli, forming true coagula, and also clinging to the discharged hyaline casts. If the corpuscles remain long they become pale, the coloring matter mixing with the urine, or the coloring matter is changed into a brown, or, as often found in the cadaver, into a black pigment.

Finally, lymph elements (pus corpuscles) appear in the urine, usually adhering to the surface of the hyaline casts, evidently having perforated the tunica propria of the tubes. If the process has existed long, or in the chronic form, fatty granules and masses appear, which often indicate by their form their origin from the epithelium of the tubes. In this stage the secretion of urine is diminished. It is of high specific gravity, tinged with blood, and rich in albumen and cylinders.

## Correspondence.

### *The Ohio State Medical Society—Change of Time.*

LETTER FROM DR. ISAAC KAY, OF SPRINGFIELD.

I was pleased to learn of the arrangement which the Executive Committee of the Ohio State Medical Society have made, to have the latter meet on the first Tuesday of next month. In thinking over the matter, I have come to the conclusion, that besides the benefits growing out of the change of time, in this particular instance, there are other advantages which might be permanently secured by making the first Tuesday in April our regular time of meeting, instead of the first or second week in June, as it has been for so many years.

The *first* consideration in favor of the change is in regard to the weather. During the first week in April it is generally neither too cold nor too hot, and it is therefore more pleasant for traveling and sojourning from home than in midsummer. Aside from the item of *heat* in June, I have found the dust alone to detract very materially from comfort in a railroad ride of 150 or 200 miles to the different places of meeting. Both of these annoyances would be in a measure obviated by an early April meeting.

*Second.* The contemplated change of time would bring the meeting of the Ohio State Medical Society one month *before* that of the American Medical Association, instead of one month *after* as heretofore, which would seem to be a more natural and expedient order. The State Society delegates to the National Association would be fresher appointees, and therefore better representatives of the latest views and feelings of their respective bodies. It would certainly be more in accordance with the fitness of things to have the Medical Societies of all the different States hold their meetings before the first of May, so that these anniversaries of each year might be crowned by that of the American Medical Association. This arrangement would insure a much larger attendance upon the National body, by arousing the interest of the whole profession in each State to such a pitch as to make many of its members

turn out to distant cities, who otherwise would not do so. There are scores of physicians in attendance at the State meetings whose lethargy would be sufficiently thrown off at such times to induce them to go still further in a month afterward, but who, after the lapse of a twelvemonth, would feel but little of the enthusiasm and consequent enterprise which is necessary to carry them to the American Association in a neighboring State, or to a still more remote portion of the country. Under our old order, the *greater* occasion came first, and many who had become stimulated and highly toned up by its rich fare, would perhaps become a little indifferent to what they might consider the lesser feast. By the proposed change of time we should secure all of the advantages growing out of the ascending and more natural order of the State and National meetings.

*Thirdly and lastly*, it might be mentioned that under the new arrangement a better opportunity would be given to those overworked professors in the medical colleges, and to others of our profession who seek recreation and further medical knowledge by visiting Europe, to "go the rounds of the conventions," both State and National, before starting on their trip across the sea, thus enabling them to choose that most desirable and generally preferred season of the whole year for sailing, viz: the middle of May. To many of the most active and industrious workers in our different Medical Societies, this alone would be an argument of some weight, for it must be borne in mind that the proportion of eminent American practitioners and teachers of medicine who spend their summers in this profitable way is growing larger every year, and these are among the men who take the most vital interest in all the medical organizations of the land.



## Selections.

*On Hypodermic Injection of Morphia.* By GEORGE OLIVER, M. B., London.—I am glad the question of hypodermic injection of morphia has been raised by so excellent an authority on the subject as Dr. Allbutt. I have met with two undesirable results from hypodermic morphia: one connected with the oft-repeated use of the injections, the other with the operation itself. But after all, I think these objections to the hypodermic use of morphia are as nothing in the scale against the benefits conferred by this mode of treatment.

I. A craving for repetition of injections—mainly because of apparent or real benefit from them—with toleration of increasing doses of morphia; and after a time, great misery, and, to all appearance, considerable physical exhaustion, when the injections are withheld altogether, or the dose of morphia much reduced. This effect of the continued hypodermic use of morphia has no doubt been noted over and over again; it is evidently akin to the opium-habit; but, unlike this, it is not attended by derangements of the gastro-intestinal tract; on the other hand, it not unfrequently does good to the stomach and bowels, and, above all, to the circulation; the feeble frequent pulse, for instance, not unfrequently opens up, and becomes firmer and less frequent; of course, hypodermic morphia by cutting off (at any rate very considerably) the baneful influence of pain on the heart and stomach may, on the principle of rest and ease, in great part produce these tonic effects. But against them we have the setting up of a morphia-habit, and, as suggested by Dr. Allbutt, the possible—nay, in some cases probable—perpetuation of pain by oft-repeated injections of morphia, when resorted to as the sole method of medicinal treatment. I suspect it will be shown, by those practitioners who have had large experience of the hypodermic use of morphia, that this mode of treatment does tend to perpetuate pain in certain cases. I believe these will fall chiefly under that class of patients suffering from obstinate chronic neuralgia; in fact, the very class for which hypodermic morphia was at first thought of specially as the cure. A

prominent instance is presented in intractable menstrual neuralgia—neuralgic dysmenorrhœa. I have met with more than one instance of this kind of suffering which clearly supported the position, that one effect of morphia was to greatly aggravate the intensity of the periodic pain. Except in the very worse cases of this kind, when it may come to a balancing of evils nearly equal, I should refrain from prescribing the injections of morphia, even in very small doses, because of the danger of these leading on to larger and larger doses, and of a progressive increase of suffering proportionate thereto, when the time came for the reduction of dose, and, in particular, when we must abandon the injections altogether.

But, on the other hand, I am convinced there is another important class of cases, though smaller than the foregoing, in which we may secure all the good out of morphia (alleviate pain and improve the general health), set up a morphia-habit, and then get safely over this habit by firmly withholding the morphia, and yet retain the good results—absence of pain and restoration of health. The cases I refer to are such as are apt to run a lingering course, with pain the principal element of trouble, and even of danger to the patient's life, affecting some part (*e. g.*, some of the abdominal viscera) which clearly needs much a rigid application of the principle of rest and ease, so as to give nature the most favorable opportunity of restoring some damage done, of affecting her own cure, which she is unable to do while the part is in a state of irritation, and perhaps of undue activity. Here hypodermic morphia may help us much in the cure; it may secure the intelligent end of rest for long periods; beside the temporary alleviation of pain far better than any other means at our disposal; and the rest and ease are not for the patient's comfort only, but also for his cure. In such cases pain is not perpetuated by hypodermic morphia; it diminishes day by day until it is quite gone, and when the morphia is given up—if the cure of the affected part be complete—it does not return. This may be best illustrated by a case of which the following is a brief outline:

Mrs. R., aged 32, when in her usual health stout and robust. A week or two after her first confinement, which was in every respect easy and natural, she was seized with what appeared to be an attack of ordinary typhoid (this fever had been in the house adjoining a few months before; the drains were altogether very unsatisfactory; into her bedroom drain-effluvia entered; and

drinking water was taken from a well within a few feet of the ordinary drain, privy, and ashpit); but there were no spots. Toward the end of the fourth week she had most troublesome bowel complications—tympanitic distention, severe paroxysmal pain, etc., which really for a time threatened her life, and from which she only recovered imperfectly. She got about the house after a while, the abdomen still a little blown. In a week or two paroxysms of most severe pain within abdomen came on, accompanied by very loud rumbling and bubbling sounds, and she completely broke down. The abdomen was tympanitic; nowhere could I detect dullness or any indications of fecal accumulation. Pressure of hand over umbilicus produced great pain, which appeared to be connected with vermicular contraction of bowels, and this could be seen traveling across the abdomen, and setting up loud rumbling. Every now and then severe pain came on without any external exciting cause. Obstinate sickness would last for hours together. There was great uncertainty as to the kind of lesion, the cause of all this trouble; but there was much evidence to support the theory of obstruction, and, in fact, the pathological reading of the symptoms could only come to this. Enemata and aperients were resorted to on the slender hope of there being fecal accumulation, but these means were tried with a doubting mind as to whether they might not do harm to the bowel possibly distressed by some pathological lesion. The result of this treatment was far from satisfactory; and I was led again to give aperients only at the request of a practitioner of great experience whom I met in consultation, and the symptoms were again so much aggravated by them, that I was compelled for the patient's safety to relinquish them as positively harmful. Then sedatives by mouth and rectum were diligently tried; suppositories per rectum had, however, little chance of doing much good, because there was great relaxation of the sphincter ani. Then for a while I gave up all medicinal treatment. The patient's condition became daily worse and worse—vomiting and pain more severe, emaciation extreme, pulse from 120 to 150, very small, face pinched. Though we only got an evacuation now and then, still it seemed every day more and more clear that to give rest and ease to the distressed bowel was the correct thing to do in the way of treatment, and all hope of a successful issue seemed to center in that. At last we determined to rely entirely on the hypodermic injection of morphia night and morning. The severe pain and loud rumbling (which before the



injections had been almost constant) at first gradually diminished in intensity, and these, in the course of a week or two, entirely ceased after every injection, but still frequently returned toward the time of the next injection. It was clear we were gaining ground, and we had at last got rest to the bowel. As the night and morning injections were continued, it was most interesting to observe how the tongue cleaned and the vomiting ceased, how food began to be tolerated by the stomach, how the appetite returned day by day, how the pulse enlarged in volume and became more and more reduced in frequency, how the previous constipation gave way (without any treatment specially addressed to it), and, as a result of all this, how the flesh and strength came back. Progress dated from the time the irritated bowel got under the influence of hypodermic morphia. In the course of a few weeks it was observed that the omission of only one injection at the usual time caused the patient to pass several miserable hours—not so much from pain in abdomen, though this was still felt, as from a feeling of great prostration, as if because of the withdrawal of an accustomed stimulant. Being fearful lest my patient, imperfectly cured, should, without the injections, relapse into something like her previous state, and seeing how useful the morphia appeared to be as a tonic, I advised the night and morning injection to be continued. This was done for two months, and then she had one injection daily for three months more. She now being quite restored to her usual health, the only remaining thing to do was to withhold the injections, and this involved a struggle. I sent her away without her syringe (she injected herself), and she passed a few very miserable days, and got over it without further trouble. I might have stopped the morphia before this, but it appeared to me it brought back her health far more quickly than any other tonic I could have prescribed.

I look upon this case as a triumph for hypodermic morphia; without it I fear my patient would have died. But beside this bright side, the case shows there is undoubtedly such a thing as morphia-habit, which may, however, be overcome without harm resulting.

I relate this case for the purpose of insisting on the fact that medical cases *now and then* appear, which may be best treated even for long periods by hypodermic morphia alone; and chiefly because this is perhaps the best medicinal means the physician has for carrying out efficiently the valuable principle of rest and

ease to excited and irritated parts, so as to put them into a state in which natural restoration is favored, and to shield the nervous system, and the heart in particular, from the depressing influence which they are apt to exert upon these important organs. I have found that pain and unrest of the viscera—parts supplied by the sympathetic system—are very susceptible to the control of hypodermic morphia; and when doses of this remedy are repeated often enough, and for a sufficiently long period, it forms no small item in contributing to the restoration of the affected part—if repair will go on at all—and of the patient.

Then, of course, as everybody knows, there is the class of recently established neuralgiæ—*e. g.*, sciatica in particular—which, even when rather obstinate to ordinary treatment, often gives way under hypodermic morphia alone, and this does not in any sense perpetuate pain even when the treatment must be pushed on for some time.

II. Alarming symptoms may arise from the injection of morphia directly into a vein. This accident must be of rare occurrence; yet it should be kept in mind. I have only met with (what I suppose was) one instance. Immediately after the morphia was turned on, the patient cried out with an expression of great alarm, eye-balls prominent, face very red, pulse extremely small. Brandy was given freely, and all came right in about half an hour. The patient told me afterward something shot to the head like lightning the instant the injection took place. On withdrawing the syringe there was a good deal of hemorrhage. The patient had had several injections before without any untoward results. I have thought of the possibility of sudden death from the injection of morphia into a vein. Might not some of the deaths which have followed the hypodermic use of morphia be referred to this cause? To avoid such a serious risk, we should keep from parts freely covered by superficial veins, and insert the syringe perpendicularly to the surface, and not in a slanting direction under the skin, so as to avoid running the needle along the longitudinal axis of a vein.

REDCAR, *December, 1870.*

*Advice Gratis to the Profession.*—Our attention has been directed to the practice of certain medical men of gratuitously and somewhat freely circulating pamphlets on professional subjects, setting forth the views of the author, and generally tending to show that

he has some special knowledge of a disease, or some special and peculiarly successful mode of treating it. The merits of such productions vary very much. And so, no doubt, do the motives with which the authors act in scattering their works broadcast over the profession. Sometimes the motive is apparently unselfish ; at other times it is difficult to believe that the author does not contemplate some personal advantage, as much as the dissemination of truth. This idea is often supported by the whole style of the author—the terrible description of the disease, the difficulties of diagnosis, the danger of making a mistake ; the great extent of his peculiar opportunities for seeing the disease ; the originality of his treatment, and his success in various cases, of which happy specimens are given—all seem intended to produce a conviction that the author is a man to be consulted. True, perhaps, he indicates the nature of his remedies. But he withholds details, or leaves you with the notion that to give the treatment a fair trial you must let the author have it and the case very much to himself.

We will not specify cases, as our authors are apt to do ; we will keep to general remarks. And without any invidiousness, we will point out to all gentlemen who resort to the plan of taking a Medical Directory and distributing their scientific productions freely through the profession by means of the post, that such a course is undignified. The medical profession is capable of judging the merits of any scientific work done by its members. There is no want of medical journals through which an author may put himself in communication with the profession. These journals are not only media of communication, but they are friendly critics of all medical doctrines and pretensions. If a communication is too poor to find insertion in these, there are the booksellers who are always ready to publish. But to distribute a work, or part of a work, gratuitously is to make the confession that the profession will not buy it, and to justify a presumption that it is not worth buying. Men are not apt to appraise very highly that which comes to them gratuitously through the book-post, and of all things that come gratuitously through the book-post nothing is more lightly esteemed than medical literature. The profession is displaying a growing disapproval of all obtrusive ways of publishing cures and remedies. We need not say more to discourage a practice which savors of advertising rather than of faith in truth or love of science.—*London Lancet.*



*Bromide of Potassium in After-Pains.* By R. B. ANDERSON, M. D., of Roswell, Ga.—I was called on the 20th of this inst. (January), at 6 o'clock A. M., to see Mrs. —, of this place, in her sixth labor. One hour and a half after my arrival she was safely delivered of her sixth son. The placenta was thrown off in ten minutes after the delivery of the child, and as usual with her, she began having the severest after-pains I ever witnessed, except in her two former labors—one in December, 1868, and the other in December, 1869. Having then tried several remedies, none of which gave relief, I determined to give her a different treatment on this occasion.

Twenty minutes after the removal of the placenta, I gave her opii gr. 1, bromide of potassium gr. xx. In one hour the brom. potassium was repeated with one grain of gum camphor, and ordered to be given every hour through the day. I called to see her at 8 o'clock P. M., found her doing well—had passed the day with much less pain than usual with her. The dose was then reduced to half the quantity (brom. potass. x grains, camphor  $\frac{1}{2}$  gr.) to be given every hour; 10 o'clock A. M., the 21st, I saw her again—pains rather harder than they had been through the night—continued the medicine. At 5 P. M., saw her again—she had rested better through the day—continued the medicine. 10 o'clock A. M., the 22d, quite comfortable—rested well through the night—took no medicine after 10 o'clock at night until 7 o'clock A. M. The 23d I saw her at 8 o'clock A. M., ordered the medicine every three hours. 2 o'clock P. M., doing well—ordered the medicine given at intervals of four hours—saw her on the 24th, feeling well. Treatment discontinued—had no further trouble.—*Georgia Med. Companion.*

*Diet of Parturient Women.*—Dr. Hugh Miller calls attention to the very vague instructions given by obstetric writers on this subject. Particulars of a case were given, in which careful nourishing diet given during uterogestation enabled the patient in her last confinement to escape suffering from uterine inertia. From an examination into the physiology of the changes in the uterus and breast, Dr. Miller believed that the fat-cells existing in abundance in the milk during the first few weeks were due to the changes in the womb after parturition; that the disintegrating uterus was broken up into fat-cells, which were absorbed by the blood, and through the circulation were secreted by the mammary

glands. Hence, a heat-forming diet was neither necessary nor was indicated, and at times might be positively injurious; whereas a flesh-forming diet, by maintaining the strength, enabled the woman to make up for the waste of tissue during labor, gave her support, and maintained the vigor of her body while the further changes were going on. The author had found great benefit through selecting the parturient woman's diet from as nearly as possible the kind of food which she was in the daily habit of taking, giving it in a liquid form and in diminished quantity. The advantages in adopting a nourishing diet to the mother he believed to be: 1. Maintaining her muscular strength. 2. Avoiding irritation to the mammary glands and enabling her to suckle sooner. 3. Securing a quicker and better recovery.

Dr. Robert Barnes says that he has noticed great mischief brought about by giving nutritious diet too soon after parturition. He did not say that such diet was not necessary; but there was a prevalent tendency to go too far, and to load the stomach before the patient was able to bear it. The system after parturition required repose, and that in consequence of the changes that took place little food was at first required. It was not desirable to give stimulants at all, and certainly not solid food.—*British Med. Journal*, Oct. 1, 1870.

*Treatment of Uterine Catarrh by Internal Application of Carbolic Acid.*—Dr. W. Playfair, Physician to King's College Hospital (*Lancet*), says: "In a large proportion of old-standing cases of uterine catarrh, it is hopeless to expect a permanent cure by any means which do not act directly on the seat of the disease, which is the lining membrane of the cavity of the uterus and cervical canal beyond the external os; accompanied, of course, with secondary morbid states of the body of the uterus and cervix, such as hypertrophy, congestion, etc. Rest, applications to the exterior of the cervix, and general treatment will unquestionably cause a temporary improvement, but on a recurrence to the old habits of life, all the old symptoms return.

"There are serious objections to intra-uterine injections, unless the os is first dilated with laminaria tents, as they are apt to bring on severe uterine colics. By means of fine probes of whalebone or flexible metal, round which a thin film of fine cotton-wool is wrapped, alterative applications can readily be made to the interior of the uterus, without pain or danger. In the very numerous cases in which this plan of treatment has been carried out, in

no single instance has anything but the greatest benefit accrued. It is no doubt advisable to select the cases judiciously, and where there is much uterine tenderness, intra-uterine treatment should be postponed until this has been diminished by rest, leeching, etc.; but with proper precautions the treatment is perfectly safe. A concentrated solution of carbolic acid, eighty parts to twenty of water, is used; and it acts so well, that for a long time nothing else has been employed. After the first application the discharge is sometimes increased, but after the second or third, it is generally greatly diminished, and a single application is often sufficient to cure superficial erosions of the cervix. As a rule, there is no difficulty in passing the probe, as in true uterine catarrh the os is invariably patulous. As the case improves, the patulous state of the os diminishes, and this is found to be one of the most certain signs of improvement."

*Cause of the Occurrence of Labor at the Close of the Ninth Month of Utero-gestation.*—Prof. Alexander R. Simpson, in his introductory lecture (*Edinburgh Med. Journal*, Dec., 1870), gives the following explanation of this: "Since the true nature of the decidua membrane came to be fairly understood, it was natural to seek in the changes which it undergoes for an explanation of the cause of the occurrence of labor at the close of the ninth month of utero-gestation. The search has not been fruitless. For it has been found that in the natural course of development, the decidua membrane at this period has undergone a degree of fatty degeneration which has brought it to the last stage of its existence, when it would either require to be melted down and absorbed, or be thrown off as a foreign substance. The same change occurs in it at an earlier date, if through some disease, an end be put to the life of the fetus, and in such a case expulsion of the dead child does not take place until the time has been given for the degeneration to occur in the decidua, which leads to its being loosened from the uterine parietes and reduced to the condition of a foreign body. The observation of this phenomenon has led by a beautiful induction to the employment of the simplest, safest, and surest means of bringing on labor, by imitating the process of nature and producing an artificial separation of the membrane from the interior of the uterus in those cases where, to save the life of the child and to lessen the mother's risk, it is found needful to induce the labor prematurely.—*Med. News and Library.*



*Comprehensive Specialism.*—The following advertisement, from the Peterboro' (N. H.) *Transcript*, is too good to be limited to a purely local circulation, and we therefore reproduce it in order that any of our readers having typical American patients, "half man, half horse," may know where to send for a consultant:

MARSHALL L. BROWN, M. D.  
PHYSICIAN AND SURGEON,  
WINCHENDON, MASS.

OFFICE HOURS: 2 to 4 and 7 to 8 1-2 P. M.  
"Especial" attention paid to *all* Diseases flesh  
is heir to. Also, attention paid to Diseases of  
horses.

*Ligation of the Common Iliac.*—Dr. Wm. Gibson, of Philadelphia, first ligated this artery in 1812, in a case of gunshot wound. The patient died in thirteen days from ligation. Dr. Valentine Mott, in 1827, tied it for the first time, for aneurism. The man was well in less than two months.

Dr. S. D. Gross states that it has been secured altogether about forty times.

*Dr. Hughes Bennett* recently reported the following sad case: A beautiful daughter of an Edinburg barrister, in perfect health, went to a dentist's office one morning and had a tooth extracted. Five minutes afterward she was dead. He believes this is only one of many similar cases which occur, and are never published.

*Internal Complications from Burns.*—Microscopical examinations have revealed that the lesions observed in internal organs after local burns or congelations, such as duodenal ulcers, hepatic, pulmonary, and renal hemorrhages, and even cerebral lesions, are the result of embolisms starting from the locally injured parts.

*Charcoal in Burns.*—A piece of vegetable charcoal laid on a burn at once soothes the pain, says the *Gazette Médicale*, and, if kept applied for an hour, cures it completely.—*Nashville Journal of Medicine and Surgery.*

## Editorial.

*Medical Teaching.*—Notwithstanding the hackneyed nature of the theme, there is nothing of more vital import to the profession and its future. Our attention is just now called to the matter by reading a very terse and, in many respects, a very fit introductory, delivered by Prof. Conner at the opening of the spring course at the Medical College of Ohio. Like all earnest teachers, Dr. Conner sees the defects in our system, and is struggling for deliverance. First, we need a more thorough primary education for medical students. To give us well-trained doctors, they must be trained in all that makes up the accomplished man of all culture. Second, we need more time devoted to a field of study, in itself so vastly growing; and third, with more extended time, we need a more practical form and direction to the studies of students. Upon these three points Dr. Conner very fully comments. In one or two particulars, we think, by implication at least, he has not done the subject or his city justice. It is true the nominal requirements for the doctorate are the same now as they have been for perhaps half a century; but the sentiment of the profession is calling out and taking to itself a much advanced character of attainment to-day as compared with even twenty years ago. There is, in the aggregate, a better class of material and more general professional scholarship. Then again as to clinics, most certainly we are making progress in Cincinnati. Last winter there were over four hundred students in attendance on the clinical instructions. These are now given for two hours daily, and we do not believe any city in this country affords its medical students better facilities in this important part of medical education. It would certainly be desirable that every medical student should have the *individual* opportunity to examine patients, but with four hundred students in the class, and especially when the class shall be increased to six or seven hundred, as we do not doubt it soon will be, no sane person will dream of their going *en masse* into the wards; indeed, could they do so there would not be as good facilities for clinical observation as is now given in the amphitheater. It has been proposed, and entertained with some favor by the

present staff, to give all candidates for graduation the privilege of visiting the wards in groups, and we presume some arrangement of this kind will be made as soon as the plan can be wisely matured. In this connection we may say another thing. As a medical teacher, we should be well pleased to see a regulation adopted by the schools, requiring every candidate for graduation to exhibit his certificate of a satisfactory *clinical examination* at the hospital. Finally, Dr. Conner, do not be discouraged; you are on the right track, but you will need to pray for an abundance of grace and perseverance.

*Medical Instruction in Cincinnati.*—Some sort of a spring course of teaching, supplementary to the regular winter course of lectures, is becoming recognized as a part of the plan of most of our prominent schools. In this city, the Miami Medical College has regularly given a spring and summer course, affording excellent advantages in special topics, as well as a review of others. This spring the attendance is very large—probably the largest non-graduating course that has ever assembled.

The Medical College of Ohio gives a similar course of special topics, and the attendance we learn this spring is good. All this argues well for the future of medical teaching in this city, and demonstrates, too, that gradually there is growing up a stronger sentiment in favor of thorough training for the duties of the profession—as the great aim of medical pupillage.

Daily clinics will continue to be given during the spring at the Cincinnati Hospital, thus increasing the attractions and advantages of our city to medical students.

*The Ohio State Medical Society.*—As this number of our journal will probably reach many of the members in good time, we will state that the Society will convene at Hopkins' Hall, Tuesday morning, April 4, at 9 o'clock.

All the leading railroads of the State have agreed to return members who have paid full fare coming, on Secretary's certificate.

*The Cincinnati Academy of Medicine* held its annual election on the first Monday evening in March, electing Dr. C. G. Comegys, President, and J. W. Hadlock, Secretary. Upon taking the chair, Dr. Comegys made some appropriate remarks, an abstract of which we will try to give hereafter.



*Our Literary Exchanges.*—Most of these before us are well known to the mass of American readers, and their success has long since been assured, so that our commendation is a foregone matter:

*Harper's Monthly Magazine.* The April number, already at hand, has fresh chapters of the American Baron, and other good things. Price, \$4.

*The Atlantic Monthly*, \$4; *Our Young Folks*, \$2, and *Every Saturday*, \$5, are the well-known publications of J. R. Osgood & Co., of Boston. Each is incomparable in its way; and, altogether, the three would afford as complete and varied reading as any family can wish.

*Oliver Optic's Magazine*, published in Boston, by Lee & Shepherd, for \$2.50, is very sprightly, and the little folks watch for its arrival very eagerly.

*The Ladies' Repository*, \$3.50, and *Golden Hours*, \$2, are among the best and safest family periodical reading in the land. The *Repository* has seen about thirty years of life and may be deemed a fixture; the *Golden Hours* is a new but very happy venture for the benefit of the young folks. These are published by the Methodist Book Concern of this city, and all Methodist clergymen are agents.

*Godey's Ladies' Book*: Last, but by no means least. The eighty-second volume of this favorite of the ladies is nearly completed. Age is not always acceptable to the sex—but age does not dim the luster of Godey. Price, \$3 a year. L. A. Godey, Philadelphia.

*Commencement Exercises and Graduates.*—From various sources we have received notes of additional graduates at the late commencement exercises as follows:

*At the University of Nashville*, commencement on February 23d, there were 66 graduates. Professor Eve made the address.

*At Boston—Medical Dept. Harvard*—the degree was conferred on 45 applicants. The annual address was by Rev. Edward Everett Hale.

*Buffalo University*, 39 graduates—the degree being conferred by the Chancellor, Hon. Millard Fillmore, on the evening of February 20.

*Indiana Medical College.* There were 30 graduates.

*Rush Medical College, Chicago.* Commencement exercises on the evening of February 1. There were 83 graduates; 4 ad eun-

dem, and 2 honorary. Prof. Gunn delivered the address, which is certainly one of the best we have had the pleasure of reading for a long time.

*At New York.* The sixty-fourth annual commencement of the *College of Physicians and Surgeons* was held March 1. There were 85 graduates.

*Bellevue* held its tenth annual commencement March 2, with 134 graduates. The somewhat peculiar and interesting feature of the occasion was an address by Oliver W. Holmes, of the Boston Medical School.

*The University Medical College* held its commencement on February 21, but the graduating class does not appear in any of our exchanges.

*The Iowa Medical College* graduated 32, February 23.

*Dr. Schœppe Resigns his Claims to the Stinnecke Estate.*—A Carlisle, Pennsylvania, dispatch says: Dr. Schœppe has lately resigned all his claims upon the estate of the late Miss Stinnecke, arising from a will which this lady had left in his favor, for benevolent and charitable purposes. It disposes of the total amount of her property, which is valued at \$75,000, in the following manner:

\$6,000 to the German Lutheran Church of Carlisle, Pa.

\$30,000 for the erection of a hospital within the borough of Carlisle for poor sick persons of Cumberland county and of the State of Pennsylvania.

\$25,000, the interest thereof endowed as salary for a resident physician of the hospital erected by the sum above mentioned.

\$14,000, the interest thereof to be expended for hospital purposes, according to the disposition of the board of managers of the said hospital, with the proviso that any surplus of the interest of these \$14,000 which has not been used for hospital purposes be invested in defraying the expenses of the medical education of a young man of Cumberland county, of respectable family and good character, who shall receive the first practical rudiments of his medical education in the hospital above mentioned and through the resident physician of the hospital.

*The Executive Committee of the Alumni Association* of the Medical Department of the University of the city of New York purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation.

The records of the Faculty having been destroyed in the burning of the college building some years ago, this project is one that should be seconded by every one of the alumni, of whom between two and three thousand are scattered throughout the United States. It is earnestly requested that each of these will, without delay, forward for enrollment his full name and post-office address, with his professional history, including date of graduation, posts of honor and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Communications should be addressed to the Secretary, Chas. Inslee Pardee, M. D., 72 W. 35th street, New York.

*Dr. Dawson's Chloroform Paper.*—We reprint, with pleasure, the following explanatory note from the *Chicago Medical Examiner*:

"In the January number of the Cincinnati *Lancet and Observer* is a valuable article on deaths from chloroform, by Dr. Dawson, of that city. The writer quotes a table of 208,893 cases of anæsthesia, by different anæsthetics, with the ratio of deaths from each, and says he found it in the 'Eclectic Department' of the Louisville and Richmond *Medical Journal*, without the name of the author or the source from which it originally came. We would inform Dr. Dawson, and all others, that the article from which he quotes, in the Louisville and Richmond *Medical Journal*, was taken from the *Chicago Medical Examiner*, and was written by Edmund Andrews, M. D., Professor of Surgery in the Chicago Medical College. The omission of the Louisville *Journal* to give proper credit was, doubtless, an oversight, but it was rather singular that the name of the author should also be omitted."

*The Strangers' Hospital of New York.*—A wealthy citizen of New York has erected at his own expense a magnificent charity, to be known as the Strangers' Hospital. It is located at the corner of Tenth street and Avenue D. It has a capacity for about 200 beds, one-half of which are free. It has every modern convenience and comfort adapted to the treatment of disease. The formal dedication took place February 7, with addresses and the usual ceremonies. A very able consulting and visiting staff is announced.

*Prof. J. V. C. Blaney*, so long Professor of Chemistry in the Rush Medical College, has resigned his position, and taken an emeritus relation to the school. Hereafter he will devote himself to practical analysis. Dr. Henry M. Lyman is elected to fill the vacancy.



## Reviews and Notices.

*The Change of Life in Health and Disease.* By EDWARD JOHN TILT, M. D. Philadelphia: Lindsay & Blackiston, 1871.

This is a practical treatise on some of the most common nervous and other diseases incident to woman at that period to which we give the significant term of "Change of Life." This is the third edition, and coming, as it does, from so eminent a source, we may presume the work to have mainly passed beyond the usual limits of criticism; nevertheless, to those who are not familiar with the authority of Dr. Tilt, it may not be amiss to say a word or two in commendation of this work.

Our author is impressive in his idea of the importance of all our diagnostic resources; he is among those who deem the speculum as the characteristic of the present advanced condition of medicine in this department; without it he considers that "all further progress in uterine pathology would be arrested.

Of the special topics embraced in this book we have, in the introductory chapters, considerations of the physiology, hygiene, and treatment of the general period of life under review; then follows diseases of the brain and nervous system associated with this time of life; the peculiar diseases of the reproductive organs; diseases of the skin, etc.

Incidentally, all this field of inquiry embraces much that is of great importance for the wise treatment of women at this climacteric period, and Dr. Tilt has done the profession a good service in devoting himself thus to its consideration. For sale by Robert Clarke & Co.

*On the Wasting Diseases of Infants and Children.* By EUSTACE SMITH, M. D., London. Philadelphia: Henry C. Lea, 1871.

This is the second American edition of a very excellent book. It is devoted to the consideration of certain diseases of a very serious character, and which are at once recognized as forming a group of peculiar significance, thus: Atrophy from insufficient nourishment, chronic diarrhea, chronic vomiting, rickets, inherited syphilis, with several other associate topics. In this

present edition the author has incorporated some matters not embraced in the earlier issue; a chapter, for example, on mucous disease, in which a variety of symptoms are considered and their appropriate treatment. Also, we have a chapter on the diet of children in health and disease. The book is well worthy the interest of physicians, and its reading will abundantly repay the time. For sale by Geo. E. Stevens & Co.

*Central Ohio Lunatic Asylum—Thirty-second Annual Report, 1870.*—While this great charity of our State is passing through its process of reconstruction, its reports of progress will be read with the same eagerness as when heretofore in the midst of its great work of benevolence. The present report, of course, is simply occupied with the details of building matters and the prospects of the new asylum edifice. Dr. W. L. Peck continues in charge of affairs as superintendent.

*Southern Ohio Lunatic Asylum—Sixteenth Annual Report, 1870.* During the past year there was an average daily number of patients in this asylum of 481; and during the year there was an aggregate of 753. Dr. Richard Gundry is the accomplished superintendent, and, in the report before us, gives the usual tables of statistics pertaining to the patients.

*Pamphlets.*—We have also received the following publications, which we can not, at present, take time to speak of at any length. We therefore merely acknowledge them:

*The Health and Wealth of the City of Wheeling.* By Dr. JAMES E. REEVES, Health Officer of that city.

*General Wm. H. Harrison at North Bend.* By Judge JOSEPH COX.

*Dactylis Syphilitica.* By R. W. TAYLOR, of New York.

*Relations of the Medical Profession to Modern Education.* By EDWARD S. DUNSTER, M. D.

*The Ophthalmoscope in the Treatment of Epilepsy.* By REUBEN A. VANCE, M. D., of New York.

*Treatment of Lachrymal Affections.* By Prof. AULT.

## Obituary.

*Dr. Thomas Carroll* died at the residence of his daughter, near Cincinnati, Monday, March 12, in the seventy-sixth year of his age. We give the report of Dr. Stevenson to the Academy below. It is so full and just that we add nothing of our own, though we have it in our heart to say much:

The committee appointed to prepare resolutions expressive of the sense of the Academy of Medicine on the death of their late co-laborer and fellow-member, Dr. Thomas Carroll, beg leave very respectfully to precede them with a few remarks in delineation of his character as a man and reputation as a physician.

Dr. Carroll was born in the county of Down, in the north of Ireland, in April, 1795, and he exhibited many of the characteristic elements, mental, moral, and physical, of the Scotch-Irish population that largely preponderates in that portion of the island. His parents emigrated to America in the year 1804, and settled in Columbiana county, Ohio, then the verge of the frontier settlement of that portion of the State.

The days of his early pupilage were a whole generation in advance of the system of public schools since organized under State authority; and, as a consequence, he labored under all the disadvantages resulting from the imperfect and desultory volunteer system of schools of that period. The struggle for the ordinary comforts of life was a severe one, to which all other considerations were subordinated. Nature, however, had endowed him with strong, vigorous, self-reliant intellectual faculties, and he grasped knowledge from every available source within his reach, and what he grasped he inwardly digested and appropriated to the building up of a mental store-house of knowledge, which commanded and enforced the respect and admiration of all his professional associates.

Dr. Carroll took his degree in medicine in the school of Transylvania, at Lexington, Kentucky, then the pioneer school of medicine in the West; and to his *alma mater* and her distinguished corps of medical teachers, he ever afterward evinced the most sincere and lasting regard.



The first fifteen years of his professional life were spent in a struggle to build up a practice, and maintain a young and growing family in one of the small towns of Northeastern Ohio. During all this period of his active, busy life, he was engaged with the leading medical men of the State in laying broad and deep the foundations and organizing the State Medical Society of Ohio. As early as 1827 he is on the record as an active member of that body, in connection with J. C. Dunleavy, Joshua Martin, George McCook, and Peter Allen; and subsequent years developed the fact that with these men and the Drakes and Mitchells, the Hildreths and Wrights, an impetus was given to that body which has prolonged its vitality to the present day, so that now its influence is more than commensurate with the limits of the State. Indeed, the State Medical Society of Ohio, and its subordinate bodies, may justly claim to be one of the chief supports of the American Medical Association. To have been so connected with such a body of men is a distinction of itself to be proud of.

Dr. Carroll located in Cincinnati in the year 1841, and he has since been one of the best known and most honored of the medical fraternity of the city. He took a leading part in the organization of this body, and throughout all its vicissitudes he has been a regular attendant at its meetings, and one year he was called to preside over its deliberations.

Dr. Carroll was a man of such marked individuality of character as gave tone and zest to all he said or did. As a thinker he was original, earnest, and conscientious; what he thought he felt and felt ardently, and, like a true knight, he was always ready to maintain his positions against all assailants. In discussion he had a vein of humor which often ran into keen irony, and when, encountering strong opposition, occasionally into biting sarcasm. But the members of the Academy will bear us out in the assertion that no bitterness of feeling ever remained with him after the encounter of wits.

His fund of medical knowledge and of the cognate sciences, accumulated throughout his long life, was very great, as was also the extent of his historical and general reading. His tact and skill at the bedside, and his candor and wisdom in counsel, were readily acknowledged by all with whom he was brought into intimate relationship; and his entire freedom from any of the arts by which designing practitioners attempt to ingratiate themselves into families where they may have been called in consulta-

tion, was ever present with him—as a principle of action—in all his intercourse with the members of the profession.

One phase of Dr. Carroll's character your committee think they would be guilty of injustice to his memory to pass over in silence. It was that integrity of purpose which led him ever to regard his word as sacred as his bond. The great financial storm which swept over this entire country in the years from 1837 to 1840, embraced him in its disastrous force. His name was on commercial paper to nearly the amount of thirty thousand dollars, not as principal, but as indorser, and not one dollar of which ever inured to his benefit. The foundations of commercial prosperity seemed for years to have been swept from below the nation. Men everywhere were availing themselves of the bankruptcy laws on debts of their own contracting. Dr. Carroll said to those who had placed their means in jeopardy on the faith of his indorsement: "I will pay, but I must have time." All the earnings of fifteen years of toil—a pleasant home in his country village and an adjoining farm—was swept from him at a blow; nor was that the worst of it; a debt of twenty thousand dollars was still suspended over him. With the strength of a giant and the un-murmuring will of a martyr he shouldered the burden, and carried it through twenty-five of the best years of his life. Year by year he met the accruing interest and liquidated a portion of the principal, until finally he paid to the uttermost farthing all he had assumed to pay; but not until he had passed his seventieth year was he able to emancipate himself from the self-imposed task. The laws of the land permitted the sacrifice, but in ethics and in morals, it is still a question whether any man may be justified in mortgaging the future earnings of a lifetime to liquidate debts created on a property basis, after all the property had already been surrendered to the creditors. No brighter instance of financial integrity can be adduced in all the land.

It is the fate of the general practitioners of medicine to render more of gratuitous service to the community than the members of any other profession or calling in life, and of this character of service Dr. Carroll had his full share, for which his only compensation was the consciousness of benefits rendered to suffering humanity, and the quiet recognition and grateful acknowledgments from the recipients.

In conclusion, allow us to say that Dr. Carroll was reared and educated in the tenets and faith of the Friend-Quaker brother-

hood, and so he lived, a true man, a thorough man; and so he died.

*Resolved, 1st, by the Academy of Medicine of Cincinnati, That in the death of Dr. Thomas Carroll the Academy has lost one of its most laborious, useful, and conscientious members; and the medical profession of the State one who possessed a large fund of medical knowledge, one who, by his upright and manly bearing throughout his long life, conferred honor and dignity on the profession of his choice.*

*Resolved, 2d, That the sympathies of the Academy of Medicine be tendered to the family of Dr. Carroll in their bereavement, and that a copy of these resolutions, properly attested, be forwarded to them.*

DRS. STEVENSON,

“ HADLOCK,

“ DAWSON,

“ HEIGHWAY,

“ RICHARDSON.

*Dr. W. T. Taliaferro* died at his residence in this city, on the 21st of March, aged seventy-five.

Dr. Taliaferro was among our best known physicians; for many years he enjoyed a very large practice, and was able, like the late Dr. Carroll, to perform some professional work almost to the last day of his life. He was one of the last survivors of the battle of Lake Erie.

In response to a call issued through the newspapers, a number of medical gentlemen, friends of the lately deceased Dr. W. T. Taliaferro, met in the Dental College, on College street.

Dr. Vattier was called to the Chair, and Dr. Miles held the position of Secretary. Addresses eulogizing the deceased, speaking of his many virtues and few faults, were delivered by Doctors Vattier, Fore, Tate, O. E. Davis, and McIlvaine. On motion of Dr. Tate, a committee of five, consisting of Drs. Tate, Stevenson, Lawson, Muscroft, and Dawson, were appointed by the President to draft resolutions expressive of the sense of the meeting. The resolutions are given below, and were adopted on motion of Dr. McIlvaine:

*Resolved, That in the death of W. T. Taliaferro, M. D., the medical profession of Cincinnati has lost one of its most able, respected, and venerable members—a man who for more than fifty years in the neighboring counties of Ohio and Kentucky prac-*



ticed successfully the healing art, and who, in the purity of his life and the amenity of his manners, has given us a happy illustration of the fact that the practice of medicine is not inconsistent with the attainment of longevity, but that rather, as a science, it may be highly cultivated, and, as a pursuit, its practical duties faithfully performed, and yet a long and useful career be secured.

*Resolved*, That whether we regard Prof. Taliaferro as a patriot coming to the rescue of his country in her hour of peril, and side by side with the gallant Perry risking his life in her defense on the waters of Lake Erie, or as a professional teacher admired of his pupils, and ready to enter on new fields of inquiry at a time of life when most men have lain aside their armor; whether, as a citizen discharging with dignity and uprightness the varied duties which he owed to society, or as a friend ever found a friend when a friend was in need; whether, as a member of a liberal profession whose onward progress it was his ambition to promote, or as the head of his house drawing around him the family circle, and finding his own enjoyment in securing their happiness—in all these regards we would commend his example and cherish his memory.

*Resolved*, That we are gratified to learn that our departed brother, having served out faithfully his day and generation, preserved his mind unclouded to the last, and descended with Christian resignation into that dark valley which leads to the tomb; that to him who had so often let in the light and beauty of earth upon the benighted vision of others, some of whom were even born blind—to him it was permitted, amid the anguish of dissolving nature, to open the eye of faith upon that other and brighter world, where the “disembodied spirit may fly at infinite, and where angels gather immortality fast by the throne of God.”

*Resolved*, That our warmest sympathies be extended to the family and friends of the deceased in this their great bereavement, and that, as an additional mark of respect to his memory, we will follow the remains to their last resting place.

J. H. TATE, *Chairman*.

C. S. MUSCROFT,

B. S. LAWSON,

W. W. DAWSON,

B. F. STEVENSON.

The meeting then adjourned.

*Died.*—At Wooster, Ohio, March 5, 1871, T. H. Baker, M. D., in the fifty-first year of his age.

At a special meeting of the Wayne County Medical Society, held at the office of Dr. Liggett, Dr. Cunningham, as chairman, stated the object to be to take some action in reference to the death of our co-worker, Dr. T. H. Baker. On motion, a committee, consisting of Drs. Robison, Battles, and Barrett, was appointed, to draw up resolutions expressive of the feelings of the Society. They reported as follows :

*Whereas*, it has pleased Almighty God, in his providence, to remove from us, by death, our esteemed friend and co-laborer Dr. T. H. Baker,

1. *Resolved*, That in his death the profession has met with an irreparable loss—science an earnest devotee—his medical brethren a firm friend and counselor—the community a useful and worthy citizen, whose life was a continual sacrifice to the cause of humanity.

2. *Resolved*, That we tender to his relatives and friends our heart-felt sympathies, and, as a mark of respect, we will attend the funeral in a body and wear the usual badge of mourning for thirty days.

3. *Resolved*, That a copy of these resolutions be placed upon the records of the Society, sent to the friends of the deceased, published in the county papers, the medical journals of the State, and "The Medical and Surgical Reporter" of Philadelphia.

J. M. WEAVER,  
*Secretary.*

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*Married.*—On the 2d of March, at the residence of the father of the brides, at South Salem, Ohio, by Rev. Robert K. Campbell, with the assistance of Rev. J. A. I. Lowes, Charles M. Wilson, M. D., of Cincinnati, to Miss Venia Price; and Peter J. Kline, M. D., of Ross County, to Miss Lida Price.

THE CINCINNATI  
LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—MAY, 1871—No. 5.

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Original Communications.

*Art. I.—Are not Primary Amputations More Fatal than Secondary?*

By F. S., M. D.

In advancing my views on this question, I am well aware that I am about to differ with the large majority of the surgical profession in the generally received opinion and teaching of the present day, in regard to primary amputations being proper and more successful than secondary ones, and I do so with a proper respectful feeling toward my professional brethren, and with only a desire to call their attention to the matter more attentively. In speaking of primary amputations, I will restrict them to forty-eight hours after the accident or injury causing the necessity of operation; while in secondary, from the above time to the end of one, two, or more weeks, or until after inflammation has subsided and suppuration established. If we look closely at certain views entertained by eminent men in various branches of our profession, it is



singular to find what a general adoption of their views are taken by the larger class of younger professional brethren; taken up and followed out without even the consideration due to the magnitude of the subject opened to them, the mere *ipse dixit* of the teacher or suggestor being received and sufficing for the perfect correctness of the views expressed or brought forward; having in their noviciate been so accustomed to hear *ex cathedra* the opinions of the great men placed constantly before them and taking them for granted, they rarely give the matter full and grave consideration. It is true that most military surgeons insist that primary amputations are most successful, and it seems presumptuous to dispute the opinions of the eminent persons who have placed their views, reasons, and statistics forward, and whose teachings have been followed by the large mass of their brethren; but as Sir Humphrey Davy said of philosophy, so may we say of medicine and surgery, that "nothing has so much checked the progress of philosophy as the confidence of teachers in delivering dogmas as truths which it would be presumptuous to question. It was this spirit which, for more than ten hundred years, made the crude physics of Aristotle the natural philosophy of the whole of Europe. For upward of ten centuries had the false Aristotelian doctrines enslaved the minds of civilized Europe, only at last to perish and pass away, so that time itself is no sure test of a doctrine, nor ages of wrong deductions any standard by which to measure a system, idea, or opinion." It is true that when such names as Wiseman, Le Drau, Baudens, Raulu, Boucher, Bagien, Bourdenave, Martiniere, Moraud, Van Gescher, Pott, Gendrin, Malgaigne, Phillips, Larrey, Ballingall, Guthrie, McLeod, Longmore, Hermen, and others of bright name and fame, who favor primary amputation, are taken into consideration, the writer of this may well feel a timidity in penning contrary views; but, at the same time, while the immortal John Hunter, the great Abernethy, Alcock, and many others have expressed as decided and different views, the question, or the gravity of the subject, demands attention. While holding a position as medical officer, I was placed in charge of a United States general hospital, in which were many wounded men, who required surgical operations for their relief, and who had, previous to my being placed in charge, not been operated upon. It was the great success which attended the operations in this hospital, all being secondary, which called my attention strongly at that time, and afterward, both in military and civil surgery, and that

caused me to form the judgment I now express, viz: That the percentage of mortality following secondary amputations is less than after primary amputations. To prove the fact by statistics, before giving my reasons, I will give the number of cases, deaths, and percentage of primary and secondary amputations of the thigh, leg, and arm, performed between the years of 1800 and 1840, in forty-nine British hospitals:

|                          |    |                           |     |
|--------------------------|----|---------------------------|-----|
| No. of Cases.....        |    |                           | 302 |
| Primary Amputations..... | 73 | Secondary Amputation..... | 229 |
| Deaths.....              | 25 | Deaths.....               | 47  |
| Per Cent.....            | 34 | Per Cent.....             | 20  |

*A difference here in favor of secondary amputations.*

*Dr. Phillips*, in his article to the Royal Medico-Chirurgical Society, gives the result of 1,369 cases from hospital and private practice, with the following results:

|                          |     |                            |       |
|--------------------------|-----|----------------------------|-------|
| No. of Cases.....        |     |                            | 1,369 |
| Primary Amputations..... | 613 | Secondary Amputations..... | 756   |
| Deaths.....              | 313 | Deaths.....                | 174   |
| Per Cent.....            | 51  | Per Cent.....              | 23    |

*A large difference here in favor of secondary amputations.*

*Dr. Laurie* gives the following list of cases in the Glasgow (Scotland) Hospital from A. D. 1794 to 1839:

|                          |    |                            |     |
|--------------------------|----|----------------------------|-----|
| No. of Cases.....        |    |                            | 242 |
| Primary Amputations..... | 98 | Secondary Amputations..... | 144 |
| Deaths.....              | 63 | Deaths.....                | 34  |
| Per Cent.....            | 64 | Per Cent.....              | 23  |

*Another large difference in favor of secondary amputations.*

*Malgaigne* relates the following number of cases of amputations in the Paris (France) Hospitals from 1836 to 1841:

|                          |     |                            |     |
|--------------------------|-----|----------------------------|-----|
| No. of Cases.....        |     |                            | 484 |
| Primary Amputations..... | 158 | Secondary Amputations..... | 326 |
| Deaths.....              | 102 | Deaths.....                | 171 |
| Per Cent.....            | 64  | Per Cent.....              | 52  |

*Again a large difference in favor of secondary amputations.*

And we have, from 1839 to 1846, a series of cases from thirty different British Hospitals:

|                          |     |                            |     |
|--------------------------|-----|----------------------------|-----|
| No. of Cases.....        |     |                            | 618 |
| Primary Amputations..... | 230 | Secondary Amputations..... | 388 |
| Deaths.....              | 88  | Deaths.....                | 95  |
| Per Cent.....            | 38  | Per Cent.....              | 24  |

Now let us make a digest of the above, and we shall find :

|  |     |
|--|-----|
| Amount of deaths after <i>Primary Amputations</i> in 1,172 cases, as in above tables.....        | 591 |
| Amount of deaths after <i>Secondary Amputations</i> in 1,843 cases, as in above tables.....      | 521 |
| Amount of aggregate of percentage in <i>Primary Amputations</i> , as seen in above tables.....   | 251 |
| Amount of aggregate of percentage in <i>Secondary Amputations</i> , as seen in above tables..... | 142 |
| Mean of percentage of deaths in <i>Primary Amputations</i> , as in above tables.....             | 51  |
| Mean of percentage of deaths in <i>Secondary Amputations</i> , as in above tables, only.....     | 28  |

Taking now the same mean rate of percentage for amount of *secondary* as we have in primary amputations, namely, 50 or 51 percentage, in the number of cases in secondary amputations mentioned heretofore, namely, 1,843 cases, we should have, instead of 521 deaths in secondary amputations, the large amount of 921 deaths from primary instead of 521 in secondary amputations, being a saving of life, in the amount of 1,843 cases, of 400 human lives. This looks rather startling after what we have been told and taught in relation to primary amputations. Now, let us look at the opinions of some eminent military surgeons who have seen the same apparent necessity for primary operations as put forth by those who differ from them in their views, viz: The conveyance of the wounded from the field over rough roads from under fire, the scant means of conveyance, and the suffering from such conveyance, etc., and we commence at the older surgeons, who never thought of primary operations, it is obvious, from their directions to cut below, to cut through or immediately below the line of separation between the living and the dead parts in gangrene; that, in short, they only ventured to complete a division that nature had begun. Take, for instance, a view of the causes requiring amputations: 1. Cases where a limb is carried away, leaving a ragged stump, with laceration of soft parts, and projection of the bone; or, 2. Cases of lacerated wounds, with loss of substance, rupture of blood vessels and nerves, with extensive denudation of bone; or, 3. Cases of compound and comminuted fractures, high up in the limb or involving joints.

Now, let any one think for a moment of the tremendous shock the nervous system must have suffered—what a loss of blood, for there is always a large, quick loss of blood immediately following such injuries in the first or second class, and when bleeding ceases, generally it is from the extreme or immediate shock to the



nervous system partially paralyzing the heart's action. Now, what would be the effect of another shock within a few hours in the majority of those cases? Why what we generally see follow—death. Now, some of our readers may say we can put the patients under chloroform, and thus avoid the shock. But this is, to a certain extent, fallacious, and we will show how large a mortality in primary operations hereafter, under the etherization, to meet that point. But I insist that a shock and injury can be given to the nervous system by an operation, although the patient may not sensibly realize it in his sensorium: 1. From the reflex sensor system; 2. From and through the sympathetic; 3. Through general cerebral exhaustion in the operation before the system has recovered from the first shock.

Before we proceed further, let us see what the percentage of mortality is under chloroform in primary amputations.

In operations under etherization in forty-eight English, Scotch, and Irish hospitals, in amputation of the thigh, leg, and arm, there were seventy-three (73) primary operations and twenty-five (25) deaths. The mortality in French and English hospitals, under etherization, is about twenty-three in one hundred or one in four, so that under anæsthetics the mortality is not much decreased. It is singular that the justly celebrated military surgeon, Guthrie, in his lecture on Primary Amputation, says that "an upper extremity should not be amputated for almost any accident which can happen to it from musket shot, and there is scarcely an injury of the soft parts likely to occur which would authorize amputation as a primary operation." And again, after stating that an "amputation of any part of the lower extremity below the knee may be done forthwith," etc., he states: "It is otherwise with amputations at or above the middle of the thigh," etc. They are always attended with considerable danger. And further, he states that these demand further investigation in regard to the principle of primary amputation, and he cites many cases, among others one reported by Dr. Dane, surgeon to the forces: "An East Indian, twenty-two years of age, of healthy aspect, in 1854 was severely wounded by accidental discharge of his gun, the charge entering the center of the left thigh, causing a compound fracture with laceration. He was seen soon after the accident by medical officers, who found him laboring under great nervous depression. The accident took place at seven in the morning, and stimulants were administered until five P. M. same day, when amputation was performed *under chloroform*. When

placed in bed he never rallied, and died in half an hour. Very little blood was lost in the operation, "and the reporter of the case states the impression on his mind was that it would have been wiser to have steadily but carefully continued the stimulants." Another case reported by deputy inspector Taylor, of a young, muscular man who had his left thigh carried off by a cannon shot, at its middle, at Sebastopol, the soft parts, including the artery, escaping the laceration. Amputation was performed under chloroform, and the man died an hour after. I have given these two cases merely to show how various are the opinions in relation to benefit of primary and secondary amputations—surgeons of great repute giving their opinions strongly on points and often citing cases to show the reverse state of affairs. In 1756 the Royal Academy of Surgery in France offered a prize for the best essay on the question to determine the cases where it was necessary to operate on the field, or where it might be delayed; and Faure who obtained the prize was in favor of delayed amputation. The celebrated John Hunter insisted strongly that operations succeed better in patients whose habits were reduced by sickness and confinement than in those enjoying the full vigor of health, and Faure also insisted that the period when the symptomatic fever and constitutional disturbance have abated is the best time for amputation. And Bilguer, surgeon general to the Prussian army, published opinions on the subject of amputation, "supported by so much confidence and enforced by such an extent of practice," in which he states: "To cut off a limb after a bad wound, what is it but to add wound to wound, to heap new pains upon a disordered system?" The frequent failure of these operations (primary) previous to the time of Bilguer's appointment as surgeon general seems to have made an indelible impression on his mind, and as soon as he acquired the power, he lost no time in enforcing his opinion of its impropriety. It is also true that Mr. Alcock, in his *Notes on the Medical History and Statistics of the British Legion of Spain*, almost go to the extent of nearly overturning the doctrine so long inculcated by the most distinguished army surgeons of the superior success of primary amputations in military life; and even Sir G. Ballingall states that they tend to confirm the opinions expressed upon this point in the former editions of his work on *Military Surgery*, and show that this doctrine (primary amputation) has been too extensively and too indiscriminately applied. He says, further: "Notwithstanding all that has of late been written upon

this subject, I think we are still in want, as bearing upon military practice, of a simple and comprehensive statement, upon a large scale, of the results of amputations performed within the first twenty-four hours and those performed at a subsequent period," etc. In our last war a great many, in fact, I think, the majority, of amputations in the department of the Ohio and Cumberland were performed secondary. They were at Shiloh, Fort Donelson, Fort Henry, Murfreesboro, Chickamauga, from the fact that the larger number of the cases were sent to the general hospitals at Nashville, Louisville, and Cincinnati, and I think the mortality will compare very favorably with that of the European campaigns. In regard to primary amputations in civilized life, from injuries received by railroad accidents, street cars, etc., I think the mortality is very large. I have seen twelve accidents from street cars passing over the limbs, and in all of them primary amputations following; *i. e.*, after reaction came on under stimulants, chloroform was administered, and only one recovered; and it is not a matter of surprise, I think, that death should take place under a second injury to the system so soon following the first.

Mr. Abernethy, in St. Bartholomew's Hospital, in his lectures, particularly advocated secondary amputations, and stated that "you would be surprised how well the system would bear the amputation after it had become inured to suffering from the primary accident." He was emphatic on the subject of not producing a second shock to the nervous system before it had recovered from the first.

Now, in regard to the loss of blood, we know how a loss of a little affects the system after a severe injury where much has been lost, or even where the nervous system is exhausted without the detachment of a limb or part of a limb by a cannon shot. Take the case of the inimitable Madame Malibran some years since. She who so often by her varied and admirable performance moved her audience to tears and smiles by turns. She was playing her part upon the stage; she entered into it with her whole soul, riveting the audience to the spot by the very intensity of her acting. Just as she had taxed the powers of her too delicate frame to the uttermost, at the very moment she was about to be rewarded with a simultaneous burst of acclamation, she fainted and fell. Instantly a medical man leaped on the stage. He bled her. She never rallied from that unfortunate hour. And the case of the celebrated Joe Grimaldi, as related by the lamented Charles Dickens: "On



Monday, the 9th of October, was the day fixed for his benefit; he was seized with a distressful impediment in his breathing. Medical assistance was called in and he was bled until he fainted. Before that time he never had a day's illness, after that he never had a day's health."

Soon after I was appointed to the United States army, the first operation that came under my hand was a case of a compound comminuted fracture of the upper part of the arm, with great laceration, produced by a musket shot, the muzzle of the fire arm almost touching the arm at the time of the explosion, by accident. The brachial artery was torn; hemorrhage had been excessive at the time. The medical staff at the hospital where he was brought were unanimously of the opinion that primary amputation was necessary, and I also dissented to the opinion. I performed the amputation, under chloroform, at the neck of the bone; very little blood was lost, and the operation occupied but little time; yet in spite of stimulants, freely administered, and everything necessary in regard to heated applications to surface of body, he slowly sank and died four hours after. I could mention many other cases, and these, with the secondary amputations at the general hospital mentioned before, directed my attention to the comparative success of primary and secondary amputations; and although I am aware of the many distinguished names who advocate primary amputations after severe injuries, I must humbly, yet respectfully, beg to differ from their opinions. I can not but think that in the future, with closer attention to circumstances in relation to amputations after wounds, the fact will be developed that a larger saving of human life will be found by delaying the operation of amputation to a secondary period than is obtained either in military or civil life by performing primary operations in such cases. The last, or rather present, unfortunate war between France and Prussia will, perhaps, give sufficient reliable data with which to guide us more correctly in our subsequent operations in regard to the superiority of primary and secondary amputations.

**Art. II.—The Effects of Prolonged Lactation.**

By THOS. C. HENRY, M. D.

It is a matter of surprise to myself, and I have often heard other physicians remark, that this subject is very rarely spoken of in American medical periodicals; and, strange to say, I have not been able to find scarcely anything of consequence in any American works on diseases of women, with one exception, viz: Dr. Gunning Bedford's work on Women. In that work we find about a page written on that subject. Dr. Grailley Hewitt, of London, however, calls special attention to the effects of prolonged lactation, in a very able article, published in the *London Lancet* of July 6, 1867, dwelling to some extent upon its disastrous consequences; and Dr. Lobb, in the *Lancet* of October 2, 1867, speaks of paralysis from undue amount of lactation.

In fact, so little attention has been paid to this subject in this country that the matter appears to me too much neglected. I have known instances of this neglect in the practice of some of our best physicians. It is well to take some notice of both Dr. Hewitt's and Dr. Lobb's articles.

Dr. Hewitt says: "The process of lactation constitutes a great drain on the system. A woman in good health, and of good constitution, will suckle her child for some time without experiencing its bad effects; but under other circumstances this long continued supply of food to the infant is productive of very injurious and not seldom lasting effects on the body and mind of the individual. One of the most constant symptoms is the presence of an aching pain in the back—often pain is felt across the shoulders and on the top of the head or forehead—great pallidity of the skin is observable. A marked symptom is want of sleep. The patient will often tell you she has had no sleep for a week, or when she does that she is awakened by frightful dreams. There is a marked and great debility. The appearance and expression of face is peculiar in these cases, sometimes remarkably so; it conveys an idea of intense bodily prostration. The mental changes are worthy of special note. There is almost constantly extreme depression of spirits; the patient feels as if she had lost all life and energy. She is desponding and miserable. We have before us, in fact, symptoms which are the possible precursors of a

malady of great gravity, viz: puerperal mania. Aberration of mind may occur in connection with, or as the result of the exercise of the parturient functions at two periods, viz: as the immediate result of the labor, or later when the system is debilitated by excessive lactation. It is more frequently the result of excessive lactation; and the necessity for recognizing the first symptom of this disease is obvious, being, as it is, preventable. The mental disturbance now under consideration generally takes on the form of melancholia; the delusions relate mostly to subjects of a religious character. A lady under my care became the subject of a very severe attack. She had suckled her child for upward of a year, and had most imprudently taken some very long walks with her husband while suffering from menorrhagia; she became excessively weak and ill. Delusions to the effect that she had committed the unpardonable sin, that she could not be saved, and the like, possessed her.

"This case is an instance of the condition to which a patient may become reduced from the excessive drain of prolonged lactation. The menorrhagia was due to the excessive lactation unduly prolonged. The headache, in cases where the cerebral functions are suffering from it, is worthy of note, that this spot may be noticed to be perceptibly hotter to the touch than other parts of the head. In eight cases forming the basis of these remarks (and the writer has recently met with another affected precisely as the one above spoken of, with the exception of menorrhagia, in all respects), the patient's mental symptoms had not, in any one of them, passed beyond the stage of extreme melancholy. There had been no delusions (in the writer's case there were delusions that her babe was dead), but the disease was not any the less important on account of this. Some of these had become so reduced that many months will probably be occupied in repairing the mischief that had been done.

"The treatment: First, obviously to wean the babe. We must consider the infant as well as the mother. The infant requires breast milk for the first month or six weeks. Experience has shown the great difficulty of rearing children for the first month without it; but it is also the result of experience, that an infant nourished with breast milk for that time may afterward do tolerably well without it. Hence, the conclusion that a mother may, pretty safely for child, wean it at the expiration of six weeks or two months.



"A woman presenting symptoms of such suffering as above alluded to should not be advised to prolong lactation after this period, and in large towns, among the destitute classes, this principle appears the best we can lay down. Cases now and then present themselves in which we should hesitate to advise the process of lactation to be continued so long as a month or six weeks; there are others in which lactation seems to injure almost from the commencement. The next important indication is to procure sleep. For this purpose one or two grains of opium may be given at bedtime, and it may be necessary to order the patient ten grains of Battley's solution once or twice during the day. When mania has actually come on, we may rely a great deal on opium in the form of bimeconate of morphia, and in very large doses; also good and appropriate food. In most of the cases related not enough food had been given—most nourishing diet, meat twice or three times a day if it can be taken, or eggs, milk, and beef tea. Stimulants also required in quantity. In the case of religious mania, stout, brandy, and wine was used daily in quantity, both during attack and after convalescence. Whenever there is mental aberration watch closely. Absolute rest in all cases—the exhibition of iron, quinine, and bark."

Dr. Lobb says: "There are few practitioners who have not been called upon to treat women for some form of ailment caused by excessive lactation—amaurosis and paraplegia—for which tonics, good diet, and electricity are most applicable. In examining a case with the electro-magnetic current of the secondary wire, where there were patches of numbness over both arms, the muscles would not contract on electrical stimulus; I passed a powerful current from a one hundred and twenty battery from the palm of the hands to the upper part of spine, and stimulated the numb portions with the wire brush from electro-magnetic battery, but it was six weeks before a cure was effected. The poles of the battery are also advantageously applied in inanition, from inside of thighs to lower part of spine, in some cases."

I would here state that I have observed in the cases with which I have had to deal, the manifestation of a sudden fit of blindness occurring when walking, as complained of by the patient herself. I may add, also, that the pulse was deficient in volume, and the blood impoverished from the drain.

Every woman who allows her babe to suckle at night after the lapse of twelve or fourteen months confesses, in the majority of

cases, that she experiences much prostration on awakening in the morning. It is very rare, when the mother is able to furnish milk at all for the period above specified, for her to fail of observing the exhaustion of her strength; and, more than all, the character of the milk can not fail to be depreciated in quality, and by no means as suitable to her child as cow's milk. Yet we find a great many women who suffer on, as they say, for their babe's sake, fearing to wean, when the fact stands apparent to all that the nursling is being actually injured. There are, it is true, exceptions, but comparatively few.

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### *Art. III.—Diphtheria.*

By ROSS C. RUSS, M. D., Hillsboro, O.

There are, perhaps, few diseases that their pathology is so little understood, and the treatment prove so unavailing, as that of diphtheria. It seems to me that we have made very slow progress in studying its true pathology and means of cure. It is due that eminent physician, M. Bretonneau, of France, who, in 1821, in a memoir, read to the Royal Academy of Medicine, Paris, a description of an epidemic disease which had made its appearance in the immediate vicinity of Tours, to which M. Bretonneau gave the name "diphtheritis," and having been subsequently termed "diphtheria" pellis, the formation of a pellicle or false membrane occurring generally on the mucous tissue, or between the basement membrane and epithelium, and is generally but not invariably a prominent symptom of the disease.

Sometimes, however, the disease proves fatal (but rarely) before the exudative lymph makes its appearance in the fauces or its contiguous parts. It is not to be supposed that the ancients were entirely unacquainted with the disease. Aretæus gave a description of it, and there is evidence that Hippocrates was not wholly unacquainted with it.

It has been observed that diphtheria may occur sporadically or epidemically—the former being very mild, while the latter is of very grave import. In view of the true pathology of diphtheria, we believe it to be a miasm, septic in its nature, producing blood

changes—diminishing, perhaps, some one or more of the normal constituents of the human blood, the causation of which is wholly misunderstood, or at least but conjectural. It is, however, indubitably governed by the same “law” that governs epidemic diseases in general.

The progress and mode of termination of diphtheria have varied more or less in every visitation of the disease, but in this there is nothing unlike what we observe in the history of other epidemics.

Typhus, influenza, and scarlatina furnish evidence that their several epidemics vary not only in intensity of development, but in the order of the sequence of their symptoms. The influenza that occurred in Paris in 1848 was unlike the same disease that prevailed in that city in 1831–37. So it is observed of every epidemic; it may vary in intensity, mode of attack, duration, etc.

I observed quite a number of cases of this disease which prevailed in this county (Highland), in 1862–63; and in 1870 it again made its appearance, and a great many fell victims to it, the disease being generally ushered in with a chill, lasting, however, but a very short time, and subsequently pyrexia, characterized by general debility, with a very small, quick pulse, easily compressible. Just at this period the fauces would be intensely red, and the sulcus between the pillar and tonsil would have the peculiar exudative pellicle. In some instances it would advance rapidly, covering the uvula, inside of the cheeks, passing into the posterior nares, thence covering the entire tonsils and pharynx, not unfrequently passing into the larynx, producing, in several instances, constriction or spasm of that organ.

Occasionally the above symptoms were accompanied with nausea and vomiting, sometimes diarrhea, but most generally constipation of the bowels. One very marked symptom observed was that the “urine” proved invariably to be highly “albuminous” upon chemical test.

What therapeutic agents are likely to prove most successful in diphtheria?

Of the greatest value may be found the alkaloid quina, either the sulphate or muriate. We seldom use it as a tonic, but in one, two, or more large doses, from five to ten grains to children from five to ten years of age, given every three, four, or six hours, according to circumstances or indications to be met, combined with *saccharum lactis*, the sugar of milk being a very suitable adjuvant



for administration to children. We have never seen any bad effects, but have always found a great and rapid remission of the fever, the pulse losing its feebleness, the exudative lymph ceasing to be deposited, and the "urine," upon chemical analysis, becomes less "albuminous." A great deal depends upon the early administration of quina; in this disease it is a *sine qua non*. I have frequently seen this disease yield as readily to large doses of quina as intermittents or remittents, when given within the first twelve or twenty-four hours.

May not quina act in curing this disease by counteracting the septic or diphtheritic poison, or supplying some wanting material in the blood? It has been affirmed by Drs. Bence Jones and Dupre, "that a substance resembling quina in every respect, except it has not been obtained in a crystalline form, has lately been discovered in the animal blood." It is a reasonable probability that quina either contracts the diphtheritic "blood poison," or supplies the wanting material to the blood, in alleviating and curing diphtheria.

If the bowels should be constipated a mild cathartic would be indicated. Diarrhea is to be counteracted by one of the salts of morphia or opium. Nausea and vomiting should be quieted by subnitrate bismuth. Topical applications to the throat are of doubtful utility, only as a soothing palliative measure. A solution of the iodide of bromine may be found useful; four drops, added to glycerine and water, each one fluid ounce, used as a gargle twice a day or oftener, according to the state of the patient or indications to be met.

In partial paralysis, occurring as a sequela of diphtheria, we have witnessed the most happy effects from the administration of the solution of strychnia (Green's) in combination of a  $\text{f}\text{z}$  to one  $\text{f}\text{z}$  of the bromide of potassium, the latter containing a half a drachm to the ounce, given according to the age and condition of the patient. It immediately acts as a nerve tonic, recuperating the nervous system and hastening convalescence. A full, generous diet should be allowed, and the rules of hygiene strictly enforced during the whole progress of the disease.

*Art. IV.—Paralysis of the Diaphragm.*

By Dr. D. W. FLORA, Newaygo, Mich.

James Riley, aged forty-two years, of the nervo-bilious temperament, was attacked with bilious intermittent fever about the 1st inst. I relieved his former medical attendant on the fourth day after the vomiting and hiccough had set in. No former treatment had the effect to abate the symptoms in the least. The singultus had been produced by the bilious vomiting, and the vomiting and gastric irritation have characterized the intermittent fevers of this locality the past year to an extent which I have never before witnessed, even in the worst malarious regions in which I have been called to practice.

Between hiccough and vomiting, the man had had no sleep for at least four days and nights. When called, I found the patient just beginning to come out of a "fit."

The extremities were not cold; the pulse was weak, but not rapid or irregular. What attracted my attention, was the puffy and livid appearance of the face and upper portion of the body.

Suspecting the trouble to be of the respiratory function, I watched his breathing and found the *diaphragm* to be in fault. Just as soon as the patient fell into a slumber and ceased his *voluntary* efforts at breathing, *respiration* ceased altogether. This state of things was difficult enough to manage, and twice in my absence the attendant allowed him to sleep too long, and he had to be brought out of the "fit" again by vigorous slapping of the chest and extremities and douches of ice water.

Twenty-four hours after I first saw him the intellect began to waver, and a hallucination seized the mind of the patient "that his time had come, that he was dying," etc. While laboring under these morbid delusions of the senses, it was with extreme difficulty that he could be induced to make any voluntary efforts at breathing.

I should have stated that previous to this mental derangement I had succeeded in arresting both the vomiting and hiccough.

The extreme acidity of the stomach was overcome by the following: R. Sodæ bicarb. ʒj; morphia sulph., grs. j; M. ft. cts. No. viij; S: one every hour. Four hours after I saw the patient I administered hydr'g. sub. mur., grs. xxx, in sach. alba, in the

dry state, upon the tongue. Previous to this, all medicine in the liquid form had been rejected.

Only two hours elapsed after the administration of the last recipe before both vomiting and hiccough ceased.

The call for sleep was so imperative after the cessation of the hiccough and vomiting that the patient could not resist, and the feeling that the patient experienced was that of painless death. I will not attempt to decide whether it was really paralysis of the diaphragm, or loss of tonicity, of muscular contractility. Practically, the effect upon the patient was the same. After falling into another spasm the patient insisted that he had died, but that we had galvanized him into temporary life again. When exhorted to breathe, to try and help himself, his reply was, "how can a dead man breathe?" This impression of dying is not so unusual as to require mention here, but when it is remembered in what condition the *involuntary* muscles of respiration were, the importance of *voluntary* effort becomes apparent. Nothing but aqua ammonia applied to the nostrils by moistening the tip of the forefinger would excite any voluntary action.

This state of things lasted about six hours, when the patient rallied, his mind became more rational, the breathing better, and in the next twenty-four hours he was allowed to sleep twenty or thirty minutes. From that time until the present, the patient has slowly but steadily improved under tonics, stimulants, and a generous diet.

There are cases on record of persons being able to die at will, and of being restored to life again, even after being buried for many days. Whether this one would have resulted in a case of suspended animation or catalepsy, I can not tell; but if a case of this kind *should* make a die of it, would it not be well to keep it awhile before burial?



## Translations.

*Morbid Anatomy of the Kidney.*

[Continued.]

By Prof. W. H. TAYLOR, M. D., Miami Medical College.

*The stage of connective tissue formation* does not occur under all circumstances; indeed, from clinical experience, we must infer that a complete restoration from the previously described conditions may take place; probably this proceeds in a series of processes corresponding with the development of the lesion. The diminution of the arterial pressure is followed by diminution of the serous effusion; the vascular walls again become impermeable to the solid elements of the blood, and with the restoration of the normal lymph circulation, the degenerated epithelium disappears, so that, finally, only the migrated lymph cells remain in the now diminished lymph spaces. These (the cells) being deprived of their nutrition either undergo fatty degeneration, or are converted into connective tissue fibers, which produce a permanent increase of the intertubular tissue, with or without contraction.

Which of these processes predominates depends chiefly upon the conditions of the circulation which regulate the nutrition of the parts. If there be a very abundant nutritive supply, the formation of connective tissue and consequent contraction of the kidney will be favored. This is probably the reason that, comparatively, frequently we find an extreme degree of contraction in cases in which severe acute disease of the kidney has not been recognized.

Beside the perfect restoration of the organ, two series of processes occur in the second stage, viz: Hyperplasia of connective tissue, with or without contraction, and granular atrophy, with at least partial contraction.

In the hyperplasia of connective tissue (or interstitial), the kidney is but slightly diminished; it may remain of normal size or be enlarged; the capsule is not so readily separable as in health; the cortex is thick, pale, sometimes white, sometimes yellow, or the two colors are intermixed—it is extremely firm; the glomeruli

are generally distended; the neighboring tubuli often contain extravasations; the vessels, except the veins, are but moderately full; on the contrary, the pyramids are full of blood; the interstices between the tubuli may be double their normal size. The tubuli and their contents may be unaffected, the kidney being enlarged, or they may be narrowed, the kidney being of normal size or diminished. The increased size of the interstices is due to the formation of new connective tissue fibers, among which fat globules, producing the yellow color, are deposited.

The numerous ruptured glomeruli indicate the disturbance of the circulation, and in such cases I have found hypertrophy of the left ventricle.

Much more frequently *contraction* follows the formation of connective tissue. In these cases the organ is always diminished; sometimes but slightly, sometimes until it resembles a child's kidney, being but an inch long, three-fourths of an inch wide, and one-fourth of an inch thick. The capsule always adheres firmly, the substance tearing before the capsule separates. The cortex is always much diminished, very firm and tough; the surface is uneven, having large flat depressions, the atrophied portions of which have a dark, bluish-red color, or out of the bluish-red atrophied portions project the normal tissues as yellow granulations, varying from the size of a pin's head to a pea. The smaller the granulations, the less the secreting tissue remaining. In the most advanced cases the granulations seem to rest directly upon the pyramidal portion, the cortex and capsule forming but a thin cicatrix-like layer. The pyramids are diminished without having been involved in the original process, broad white stripes in their bases marking the tubuli, which are obliterated because of the diminished secretion of urine. The pelves and ureters are correspondingly diminished from the same cause.

The transformation of the interstitial exudation into connective tissue is accompanied by fatty degeneration of the lymph elements. In the atrophied parts of the organ the tubuli and glomeruli become impervious. In the former we often find firm, yellow coagula of fibrin, which are surrounded by the remains of the fatty degenerated epithelium. These may gradually diminish by absorption till nothing remains but a small, dark thread, or on transverse section a dark point, which may ultimately entirely disappear. The tunicae propriae of the atrophied tubuli generally appear unusually thick, but not distinctly separated from the sur-

rounding connective tissue; frequently we observe long filaments or lines which terminate in connective tissue fibers, and cells which, according to Beer, are stained by carmine. If we admit that the tunica propria is formed of condensed connective tissue, it is not remarkable that it should be reconverted into it.

The glomeruli pertaining to the atrophied tubuli undergo corresponding changes. The original hyaline capsule is thickened and converted into a fibrous tissue, which, as a broad ring, surrounds the glomerulus. As long as the process is limited to the capsule, the circulation in, and the transudation from, the blood vessels is uninterrupted; on the contrary, in the atrophied glomerulus, which is always much diminished in size, the contents of the capsule is converted into a homogenous glistening mass, in which traces of the original tufts of vessels may be detected. The afferent vessel forms a firm, tortuous, solid cord; while the larger arteries have thickened walls, but their lumen is unaffected.

The question arises as to the relation between the interstitial hyperplasia and the atrophy of the tubuli and glomeruli. It has been generally assumed that the contracting interstitial tissue compressed the tubuli and glomeruli; but, as we have seen, cases occur in which, with marked hyperplasia, the parts in question are unaffected, *e. g.*, in simple hyperplasia without contraction, and in the now atrophied portions of a kidney affected with granular atrophy. It follows from this that atrophy does not necessarily depend on the formation of new connective tissue. Two other possible causes remain: either that the destruction of the epithelium of the tubuli, or that obliteration of the vascular tuft of the glomerulus, induces the atrophy. A. Beer, who accepts the first of the two theories, bases his opinion upon a case in which, in the atrophied portion of the kidney, the glomeruli were not diminished, but throughout were amyloid. If we regard the loss of parenchyma as exercising an important influence, still, even here, we have disordered circulation.

If we consider the conditions as I have described them, and as they exist in by far the majority of cases, according to my experience, we must regard the obliteration of the vessels as the most important factor in the process of atrophy, even where, in the non-atrophied part, connective tissue formation and fatty degeneration of the epithelium exist.

This assumption explains the normal condition of circumscribed portions which project as granulations from the surface, as in the



general hyperplasia and swelling of the organ only such vascular areas as are favorably situated for the circulation of the blood resist compression. I, however, do not deny that the masses of connective tissue, and the disappearance of the epithelium under some circumstances, contribute to the production of atrophy.

Finally, it must be stated that in many cases of diffuse nephritis, the capsule, the glomeruli, and the parts in their vicinity are earlier and more extensively affected by the interstitial process than the intertubular substance of the cortex. Hence, Traube makes a tubular and a capsular nephritis, and has attempted to establish a clinical distinction.

We can only say that such an anatomical difference exists. The capsular form leads more rapidly to atrophy of the glomeruli, and is not a rare form of disease, for we often find in otherwise healthy kidneys, a greater or less number of atrophied glomeruli with fibrous degeneration whose tubuli have entirely disappeared.

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*Hydrochlorate of Quinia in Whooping Cough.*—Dr. Breidenbach speaks of the marked benefit derived from the use of the hydrochlorate of quinia during a violent, but not widely spread epidemic of whooping cough, occurring last year, the dose administered being governed by the age of the patient and the severity of the attack, but being relatively large and varying from one and a half to fifteen and a half grains per diem in children of from three weeks to eight years. No other remedy than the quinine was used in the cases on which he bases his opinion of its merits, and some of the children, on account of poverty, were freely exposed to the injurious influences of the weather.

There appear to be no contra-indications to its use, and no toxic influences were observed.

The action of the drug is prompt. In the most serious cases, after the use of the remedy for forty-eight hours, the frequency and violence of the attacks began to diminish. To prevent a relapse, the use of the remedy was continued for some time in smaller doses.—*Practitioner.—Med. Record.*

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T

J. W. HADLOCK, M. D., SEC'Y.

Report of the Section on Morbid Anatomy in regard to the Kidneys exhibited by Dr. JESSUP, and referred to that Section on Monday evening, April 17, 1871. By J. C. MACKENZIE, Chairman.

The right kidney measured seven inches in length by four inches in breadth. The capsule was thickened, opaque, and abnormally adherent. The surface of the kidney beneath was smooth and paler than normal in color. Upon section there were found in the cortical substance several cavities containing a reddish, buff-colored gelatinous fluid. One of these cavities was an inch in diameter; the others were smaller. These cavities were lined by smooth, tolerably firm membrane, and were quite isolated from each other, and from the pelvis and cavities opening into it. In certain parts of both cortical and medullary structures, there were reddish-yellow, tolerably consistent deposits, some of which were surrounded with extravasations of blood. Elsewhere the kidney substance was very flaccid, and but few of the pyramids could be distinguished. It seemed from the odor and from the presence of minute bubbles of gas in the tissues, that the specimen had undergone, to a certain extent, decomposition. The pelvis was very much dilated, and from it there were openings, two of them an inch in diameter, into cavities of greater or less depth in the substance of the kidney. Mucous membrane of pelvis, pale and thickened. Ureter, when inflated, one-half inch in diameter.

The left kidney measured six inches in length by three inches in breadth. The capsule was thickened, somewhat opaque, and adherent. Substance beneath, smooth and paler than normal. In consistence, it was quite flaccid, but seemed to be in a state of much better preservation than the other organ. Upon section the cortical substance was of a pale fawn color, the medullary of a dark red. The distinction between the pyramids and the cortex

was very well marked, because of the injection of the vessels arching round the bases of the pyramids. The thickness of cortical substance between the bases of the pyramids and the capsule was one-third of an inch. The vessels of the mucous membrane of the pelvis were injected. The pelvis and ureter were normal as to size.

#### MICROSCOPICAL EXAMINATION.

That part of the right kidney seemingly least affected was found, under the microscope, very much altered from a state of health. The tubes could with difficulty be distinguished, being obscured by the presence of granular matter. The gelatinous fluid contained in the cavities in the cortical substance consisted entirely of granular debris and oil globules. The more solid deposits were composed of oil globules, granular matter, and fibrous tissue.

A thin section of the left kidney presented nothing abnormal except some oil globules in the epithelial cells.

The right kidney presented a most excellent specimen of pyonephrosis, and its cause is the one which is most frequently found as the origin of that condition, viz: the presence of a calculus in some portion of the urinary tract. The other causes mentioned by writers are obstruction to the flow of urine through the ureter by the pressure of a gravid uterus, ovarian cyst, or some other tumor, inflammation of the bladder and extension upward of that inflammation, or the interruption to the passage of the urine by swelling of the mucous membrane closing the orifices of the uterus, or gonorrheal or other stricture of the urethra, or inflammation attacking the mucous membrane of the pelvis of the kidney affected by hydronephrosis. A most interesting condition in this kidney, and one very difficult of explanation, was the presence of fluid and solid deposits in the substance of the organ quite unconnected with the cavities opening into the pelvis, and consequently not due to the extension of inflammation thence. Their appearance, under the microscope, rather tended to the supposition that they were the result of caseous degeneration, oil globules being the most abundant morphological elements present in both the solid and fluid deposits.

Another point of great interest, in connection with these specimens, was the enlargement of the left kidney. It was at least fifty per cent. larger than a normal kidney. Its capsule was adherent and thickened, a condition always found in the granular kidney;



but this kidney was enlarged, its section was perfectly smooth, it was rather softer than normal, and under the microscope there was no appearance of increase of the fibrous structure; in fact, it presented all the characters of a normal kidney, with the exception of its size and the thickened condition of the capsule. Its enlargement is, in all probability, a compensatory hypertrophy, such as is sometimes found where the other organ has been incapacitated by disease for the performance of its functions, as in hydronephrosis, pyonephrosis, cancer, etc.

In Bright's treatise on Abdominal Tumors, page 224, the description of the *post-mortem* appearance in a case of pyonephrosis is given. The left kidney was converted into a membranous cyst containing discolored watery pus. "The right kidney was larger than usual, but did not seem to be diseased. Its hypertrophy was probably the effect of the suspension of the function of the left." On page 237, in commenting on the cases of cystic kidney, previously mentioned, he says: "And it is not unusual to find that the healthy kidney has been considerably enlarged, from the fact of its having been called upon for more than its accustomed labor, affording a beautiful illustration of the importance of a double organ, and the compensating power which nature, within certain limits, occasionally exerts."

Rokitansky, in his Pathological Anatomy, volume 2, page 146, states that there may be hypertrophy "occasionally in one kidney after its fellow has been deprived of its functions."

Paget, in his Surgical Pathology, page 40, writes thus: "When one kidney is destroyed, the other often becomes much larger, does double, as it is said."

Bennett, in his Clinical Medicine, pages 796, 797, reports a case of calculus nephritis and gangrenous abscess in the right kidney. The abscess would have contained a pint of fluid and the substance of the kidney was quite atrophied; left kidney enlarged, weighing thirteen and one-half ounces. Healthy, on microscopic examination.

Roberts, in his treatise on Kidney Diseases, page 410, quotes from *Wiener Med. Halle*, 1864, page 139, a case of Prof. Dumreicher, of hydronephrosis of the right kidney, in which the left kidney was enlarged, but healthy. In some remarks relative to this subject, on page 416, he states that the kidney not affected performs a double duty and becomes correspondingly enlarged.

Prof. Flint, in the volume of his Physiology relating to secretion,

nutrition, and movement, page 170, states, as the result of his experiments, that he never found, after the removal of one kidney, hypertrophy of the other. In one dog, upon which nephrotomy was performed, the remaining kidney, one year and nine months afterward, weighed the same as the one which had been removed. His opinion is that nature has provided more than enough working force for animals in health, and that when the function of one kidney is destroyed by disease, this excess in the other prevents any ill effects.

He mentions, however, in a foot note, that Zalesky found, a month after the extirpation of one kidney, enlargement of the other, but objects that it does not appear that the kidneys were compared. But it seems hardly likely that such an able experimentalist as Zalesky would make such a statement without some basis for it.

The last authority to whom I shall refer is Rosenstein. He states in his treatise on the Pathology and Treatment of Diseases of the Kidney, page 471, Berlin, 1870, that he has very frequently seen hypertrophy of one kidney result from extirpation of the other, and mentions one experiment in which the kidney of a rabbit was removed; it weighed six grammes; six weeks afterward the other was extirpated and found to weigh nine grammes. He states, also, that often he has found hypertrophy of one kidney caused by disease of the other interfering with its functions.

Among all the authorities whom we have had access to, and who refer at all to this subject, only one, Flint, denies the occurrence of compensatory hypertrophy of the kidney. Opposed to him are all the pathologists I have mentioned, as well as two experimentalists, Zalesky and Rosenstein; it would seem, therefore, but proper to admit that compensatory hypertrophy may take place, and in the left kidney referred to the section, we think there is a most excellent example. As to whether the hypertrophy depends upon increase in the size of each individual element, or upon growth of new secreting structure, is not very certain. None of the authors allude to this point. In this kidney there seems to be no increase of size in the elements of the organ, consequently, to account for the augmented volume, new growth would be necessary. However, to settle this point definitely, a much more thorough examination would be necessary than we have been able to give it.

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*Dr. Unziker* had intended to make a report from a section on "New Remedies," but, in the absence of the regular report, he spoke of a method to preserve vaccine virus by means of mercury. He gave minutely the process by which this could be done, and remarked that by this means the virus could be preserved pure and good for twelve months. To certainly secure purity it should be kept in an ice house or under ground. He was pleased to announce further the triumph of a Western chemist in producing pepsin in a dry state. Heretofore pepsin had to be mixed with starch, which in time grew moldy and rendered the pepsin unfit for use. This difficulty had been obviated by the success of this Western chemist. The speaker further remarked that he had some fine specimens of pancreatine emulsion, but had forgotten to bring them along that he might exhibit them to the Academy. He also spoke of there having recently been produced a water of the wine of tar in a perfectly clear and pure state.

*The President* inquired of the speaker whether or not he knew of any recent experiment having been made of the mulsifying power of pancreatine. Answered in the negative.

*Dr. Muscroft* reported a case of poisoning of a little boy with a solution of cyanate of potash. He took about an ounce and a half of the solution, which contained fifty grains of the potash.

When the patient was first seen, he was prostrate, pulseless, jaws set, surface cold, pupils fixed—neither dilated nor contracted. He cleaned the stomach with the pump, and gave brandy and aqua ammonia. Injected brandy and water into the rectum, and had the child bathed in hot mustard water. Reaction came on in about one hour, and he then gave aqua ammonia and spirits mindereri. He did not think it proper, from the prostrated condition of this patient, to employ the cold douch, as recommended by some authors. About two hours after the patient reacted, he began sinking and died.

In examining the authorities, the speaker finds these cases die almost instantly. Taylor speaks of one case where the victim lived forty-five minutes. His case lived three and a half hours from the time of swallowing the poison. The speaker thought his case should be discussed, and he would be pleased to hear from the gentlemen on the subject.

*Dr. Murphy* reported a case of erysipelas in a child a few weeks old. The disease first made its appearance on the left side of the neck, and in fourteen days it had passed over the whole surface of



the body. The patient then appeared better, and was thought to be doing well, when it was attacked the second time at the same point, and died within seven days, in convulsions. There was no suppuration only at the serotum. He made, as a topical application, use of collodion exclusively, and gave brandy and water internally as well as muriated tinc. iron.

*Dr. Ludlow* reported a like case occurring in a child of three months old. The attack began in the forehead, and, like *Dr. Murphy's*, spread over the entire surface. The second attack commenced in the breast, and in a few days killed the child. He gave iron and a sustaining treatment generally.

*Dr. Muscroft* thought these cases belonged to the class of infantile diseases, and he thought he had seen it stated somewhere that they were classed as such, and as proof of the assertion they usually occurred a few weeks after birth. He had two such cases but could never make out their cause.

*Dr. Carson* reported a case of puerperal convulsions, which was partially controlled by the administration of chloroform. The question of blood-letting was considered, but concluded not to be admissible. By the assistance of *Dr. Tate* delivery was accomplished, although considerable resistance to the passage of the head was experienced. The hemorrhage after delivery was easily controlled with wine of ergot. Bromide of potassium was then ordered, and at date of report patient was doing well. The speaker had recently been in conversation with a gentleman from Europe, who has seen nineteen cases of puerperal convulsions treated with hypodermic injections of morphine—fifty per cent. of whom died. The speaker further remarked that the hypodermic use of morphine in these cases was worth considering as a therapeutic agent, although it would seem to have failed in the cases mentioned above. He thought in the case he had first reported that delivery of the child had more to do with controlling the convulsions than the administration of the chloroform.

*The President* referred to a case reported by himself some time ago. Blood-letting was resorted to as well as the use of morphine hypodermically, which seemed to act remarkably well in this case. His patient did well, but a few days after getting up became paralytic and died.

*Dr. Thornton* thought that great care and discrimination should be used in these cases. He would not resort to blood-letting in all those cases; but where at all admissible he would

resort to it, if for nothing else, to protect the brain. He had two cases in which he resorted to blood-letting with the happiest results. Some observers, when they found albumen in the blood of pregnant women, recommended abortion, while others did not think that condition of the blood the exciting cause of puerperal convulsions. The speaker thought that if albuminuria was the cause, opium would do no good in those cases.

*Dr. Reamy*, while he would discriminate in his cases, was very emphatic in favor of blood-letting in puerperal convulsions. He remarked that there was not enough of it done in these cases. He was aware that such doctrine was, at this time, unpopular, nevertheless he would, in the majority of cases, bleed to a decided effect. He would not, of course, bleed where the patient was weak, anæmic, or very nervous. He had no confidence in the opium treatment, for in the majority of cases the patient would be beyond the reach of a remedy before the opium had time to act.

A number of other cases were reported by Drs. Ludlow, Cas-satt, and Schmidt, all of which elicited pertinent and interesting discussions.

*Dr. Walker* read a paper on small-pox in Cincinnati during the years of 1868, '69, and '70.

In the course of the report it was assumed :

*First.* That small-pox usually, and in this city, did remain a local disease a sufficient length of time for the authorities to have checked its extension

*Second.* That  $66\frac{1}{2}$  per cent. of the mortality was a slaughter of children unnecessary, in view of the protective power of vaccination ; that no child died of past vaccinal small-pox under the age of five, and seldom under fifteen years.

*Third.* That small-pox existed in this city for two years unchecked as far as our authorities were concerned. That there were about six thousand cases in eighteen months, the deaths being of the vaccinated about three per cent., and of the unprotected twenty-eight per cent.

*Fourth.* That compulsory laws for vaccination are unnecessary, and of doubtful expediency ; that vaccination and isolation are our reliable agents, and can be enforced by appealing to the good sense of the people ; that the masses must be reached by house to house visitation and vaccination.

*Fifth.* That the causes of this fearful epidemic and its continuance are a want of vaccination ; its performance by those with

out proper knowledge; a want of proper care, on the part of physicians, in not knowing in each case that the well-defined areola exists, and, more than all, a signal want of energy on the part of our Board of Health in *using* the well-known means for stamping out the disease in its beginning.

The whole mortality was one in 7.2, or about fourteen per cent. of those attacked. But the usual mortality of the unprotected is twenty-five per cent.; of the vaccinated, five per cent.

*Dr. Gobrecht* made some remarks in opposition to recent burials, as advocated in the paper, from small-pox. He thought compulsory burials, forty-eight hours after death, and the prohibiting of societies attending funerals, in these cases, an outrage, when we possess such disinfectants as permanganate of potash. He criticised the averages made as, to his mind, unfair, and spoke in opposition to the doctrine of isolation.

On motion, the report was accepted, and laid over two weeks for discussion.

#### BLOOD POISONING.

*Dr. Walker* wished the discussion of this subject deferred for a few evenings, as some gentlemen intended to be present to take part in the discussion.

*Dr. Thornton* read from the American Journal of Syphilography and Dermatology for January, 1871, extracts from a paper by Frank P. Foster, M. D., where he says: "We are warranted in the conclusion that syphilis can not be communicated by vaccination with pure healthy lymph. We can only say that although it is not proved that pure eight-day lymph can of itself communicate syphilis, nevertheless syphilis may be, and in several instances has been, imparted in vaccination, but that such conveyance of the disease is always avoidable, provided due care be taken." He then goes on to consider the method by which syphilis may be actually communicated in vaccination, and, among other ways, says it may be communicated in vaccination by the accidental admixture of syphilitic virus by blood inoculation, by blood derived from the flow of the vesicle, by the unskillful manipulation of the operator, by blood which has been effused into the vesicle, by vaccination with a crust partly made up of blood corpuscles, etc.; all going to show that in syphilis the blood is contaminated and may be the vehicle for the conveyance of the disease to a healthy person.

*Dr. Muscroft* moved that further discussion of the subject be deferred till next meeting. Carried.



TRANSACTIONS OF TWENTY-SIXTH ANNUAL MEETING  
OF OHIO STATE MEDICAL SOCIETY,*Held in Cincinnati, April 4, 5, and 6, 1871.*

## FIRST DAY—MORNING SESSION.

The Society met in Hopkins' Hall at 9 o'clock, and was called to order by the President, Dr. T. A. Reamy, of Cincinnati.

Rev. Dr. Briggs, of Trinity Church, opened the meeting with prayer.

Vice Presidents, Drs. H. J. Herrick, of Cleveland, Brown, of Urbana, McEbright, of Akron, and Bramble, of Cincinnati, took seats upon the platform.

The Secretary, Dr. W. C. Hall, was present.

Dr. J. B. Thompson, Treasurer, was present and entered upon the discharge of his duties.

The President announced the first business in order was the reading of the minutes of the last session. Dr. W. W. Dawson moved that the reading of the minutes be dispensed with. Motion adopted.

The report of the Executive Committee was called for, whereupon Dr. E. B. Stevens, Chairman of said Committee, submitted the following report:

Your Executive Committee beg leave to report that the use of this hall has been secured for the meetings of this Society, and it is believed that all necessary arrangements have been made for the comfort and convenience of the Society.

Your Committee suggest that the meetings be held at 9 o'clock A. M. and 2½ o'clock P. M.

Tuesday evening, at 9 o'clock, the Society is invited to a banquet in this hall, given by the profession of Cincinnati to the Kentucky and Ohio State Medical Societies.

Wednesday, at 9 o'clock A. M., Election of Officers.

Wednesday, at 11 o'clock A. M., Invitation to visit the Cincinnati Hospital.

Wednesday, at 3 o'clock P. M., President's Annual Address.

Wednesday, at 9 o'clock P. M., Banquet at Odd Fellows' Hall, Kentucky, by Covington and Newport to Ohio and Kentucky State Societies.

Thursday, at 9 o'clock A. M., Business, etc.

Thursday, at 11 o'clock A. M., Invitation to Holly Water Works, Covington.

The following railroads have kindly agreed to return members who have paid full fare coming :

Atlantic and Great Western ; Cincinnati, Hamilton and Dayton ; Dayton and Michigan ; Dayton and Western ; Little Miami, Cincinnati, Xenia and Columbus ; Cleveland, Columbus and Indianapolis, and Marietta. The steamer Bostona carries members at half-fare.

All of which is respectfully submitted.

E. B. STEVENS,  
W. W. DAWSON,  
W. B. DAVIS,  
P. S. CONNER,  
A. J. MILES,  
G. A. DOUGHERTY,  
*Executive Committee.*

Dr. E. B. Stevens, on behalf of the Executive Committee, and also on behalf of the profession of Cincinnati, delivered the following welcoming address :

*Mr. President and Gentlemen of the Ohio State Medical Society :*

It is my very pleasant privilege, on behalf of the Executive Committee, as well as the entire profession of Cincinnati, to welcome you to our city on this occasion of your "twenty-sixth annual assembly."

Representatives of almost every part of our great State, once more you lay aside the armor of your daily conflict with disease—lay aside the anxious cares and fret of your life-battle—lay aside your duties, with their constant mental and physical tension, and come up to this, our annual reunion.

We trust the past year has matured your thoughts, ripened your judgment, enlarged your experience ; and in this interchange of professional thoughts, we shall all go home with greater capacity for usefulness in our work ; and in this interchange of professional friendship and courtesies, go home with kindlier regards for our medical fellows, more earnest purposes for continued labors and usefulness in the art and science of medicine.

This Society last convened in this city in 1854. What wonderful changes these seventeen years have wrought ! This city has grown in all its features ; old landmarks have given way to pala-

tial structures, massive business houses, elegant residences, churches, colleges, a grand hospital edifice; arts, manufactures, letters, merchandise, have been wonderfully developed; and these changes are but typical of those which pertain to us as medical men, and in many respects are inseparably interwoven with our progress. As a Society, too, how have we changed! *Some of us have grown older!* Some honored men are no longer with us who were listened to in those days with pleasure and profit. Shotwell, Harrison, Mussey—and, within a few days, Carroll and Taliaferro—are all gone. Their work is done. Having completed their labor, they are gone to reward.

Thank God, many who were workers of 1854 are still with us, and good for many a conflict yet. Woodward you honored with the presidency then: He is still in the ranks, and with us to-day; and Russell, and Thompson, and Smith, and Hamilton, and Tate, and Dawson, and Mussey, with scores of others, advancing in years, but blessing society with their lives.

What a wonderful fullness, too, of dramatic events has been crowded into these seventeen years. Since we met here then, the world has had its terrible civil upheavals and commotions; our own land has shared in fratricidal strife; in it all the good physician has ever had his toilsome, often thankless, but ever heroic and gracious work to do.

To us the genius of peace, with her bright wings, has returned—let us hope for all time. Our land is again blessed with quiet; we have resumed the glorious arts of civilized and Christian people; brother is again heart to heart with brother. In our social relations as physicians, let us aid in bringing oblivion over all the sad, dividing past. Intestinal strife is not for us. Let us push forward while we may those things which advance prosperity and wealth of a nation, and the comfort and happiness of people. As we assemble here to-day, under such pleasant surroundings, we have for all these an omen for good. Our brothers across the river have in like manner left their homes and duties and work, and, like ourselves, they are assembled in our beautiful sister city of Covington. I am glad that this will give us of both States a season of social intercourse and intermingling, to brighten our scientific labors, such as comes to us but once in a lifetime. Let us cultivate the opportunity; Ohio and Kentucky have a glorious record in the past; a glorious history of common and undying interest. Kentucky and Ohio have a glorious host of medical men;



let us intermingle and learn that, in the future as in the past, we have a common heritage of profession—hope—country.

In conclusion, gentlemen, allow me to congratulate you on the steady progress we are making in medical knowledge and the various arts and practices which prolong human life. We have had our social and civil commotions, and yet these have but exhibited the vigor of the people. The country is being more and more developed; cities grow; princely estates are placed under culture; elegance and refinement mark the character of the people. In the same steady ratio of progress do we grow in all that pertains to medicine; the laws of health, plans for protecting communities and cities from plagues and epidemics, therapeutics, surgery, midwifery—in all directions we grow. The transactions and reports of this Society, in part, mark from year to year the grand aggregate; and I trust the work of this year will add one more way-mark to tell of the earnestness, fidelity, and ambition of the profession of medicine in Ohio.

Once more, the profession of Cincinnati extends the sincere hand of welcome to our brothers of Ohio.

The President announced that, owing to the illness of Dr. W. B. Davis, a vacancy was made in the Committee on Admissions, and appointed Dr. M. Cassett in his stead.

Dr. J. B. Thompson, Treasurer of the Society, by leave, made his report, which, on motion, was referred to the Finance Committee:

The Committee on Finance respectfully report that they have examined the accounts and vouchers of Dr. J. B. Thompson, Treasurer of this Society, and find them correct, as follows:

|  |          |
|--|----------|
| Balance in treasury at last report.....                              | \$306 99 |
| Receipts from initiations, assessment, and sale of transactions..... | 690 47   |
| Total .....  | \$997 46 |
| Total amount of expenses as per vouchers.....                        | 869 18   |
| Balance in treasury.....   | \$128 28 |

We further recommend that the Treasurer and Secretary receive the same salary as last year; that the Transactions be bound, as the last, in cloth; and, to meet this increased expense, we advise that the assessment this year be two dollars.

W. H. MATCHETT,

W. H. MUSSEY,

*Finance Committee.*

April 4, 1871.

On motion of Dr. W. W. Dawson, a committee, consisting of Drs. M. B. Wright, W. P. Kincaid, C. Woodward, Alex. Dunlap, and E. B. Stevens, Ex-Presidents of this Society, were appointed to wait upon the Kentucky State Medical Society, and invite the members to meet with us and participate in our proceedings.

The President proceeded to call the standing and special committees. The Committees on Publication and Finance asked time to report. Granted.

Dr. E. B. Stevens, Special Committee on Uterine Catarrh.

Dr. J. A. Little, Antagonistic Powers of Opium and Belladonna.

Dr. D. D. Bramble, Special Committee Chloral Hydrate.

Dr. J. R. Black, Special Committee Sanitary Science.

Dr. J. R. Seely, Special Committee Diseases of the Eye.

Dr. J. R. Black, Chairman of the Committee on Diseases and all their Causes.

Dr. S. S. Scoville, Special Committee on Physical and Vital Forces.

Dr. R. Wirth, Special Committee on Diseases of the Larynx.

Dr. W. H. Mussey, Special Committee on Improvements in Surgery.

Each reported papers ready at the convenience of the Society.

On motion, Dr. E. B. Stevens read his report on *Uterine Catarrh*, which was listened to with much interest, and, on motion of Dr. Kincaid, the paper was laid on the table for discussion. Drs. Lyon, Bigelow, and Harding, delegates from the Indiana State Medical Society, were introduced to the Society and welcomed by Dr. Reamy (the President), and invited to take seats with the members and participate in the proceedings.

Dr. S. S. Scoville, Special Committee on *Physical and Vital Forces*, proceeded to read his report. On motion to refer to the Publication Committee, with instructions to print, the paper was discussed by Drs. Herrick, Hyde, Harding, and Scoville. A vote being taken, the paper was ordered printed with the transactions.

Dr. J. W. Hadlock, of Cincinnati, was at this juncture elected Assistant Secretary, on motion of Dr. E. B. Stevens. The Secretary read an invitation requesting the Society to visit the Cincinnati Hospital. On motion, accepted.

During the session this morning the following new members were elected: Drs. P. M. Brigney, W. Stark, C. A. Miller, Wm. Carson, J. W. Hadlock, Warren Woodward, L. C. Harriek, E. L.

Shackelton, H. Lenseman, H. S. Jewett, W. W. Seely, L. A. Cottle, G. B. Orr, D. J. Snyder, John R. Woods, H. Luddington, Byron Stanton, F. C. Larimore, C. D. Palmer, E. R. Lang, A. Titus, Jas. T. Whittaker, R. McD. Gibson, E. G. McCullon, W. H. Campbell, W. A. Carmichael.

Delegates from the following local Societies were present :

Seneca County Medical Society—R. McD. Gibson, E. J. McCollom.

Scioto County Medical Society—A. B. Jones, A. Titus, E. R. Lang, C. M. Finch.

Meigs County Medical Society—A. L. Knight, J. R. Meeks.

Montgomery County Medical Society—H. S. Jewett.

Northwestern Ohio Medical Association—E. L. Shackleton.

Fulton County Medical Association—S. P. Bishop, Wm. Hyde.

Mt. Vernon Medical Society—F. C. Larimore, J. W. Russell, H. W. Smith.

The Society took a recess until 2 o'clock P. M., on motion of Dr. Hall.

#### AFTERNOON SESSION.

The President (Dr. Reamy) in the chair. Dr. J. A. Little, of Delaware, Special Committee on the *Antagonistic Powers of Opium and Belladonna*, read his report, which was referred to Committee on Publication, with instructions to print.

Dr. E. B. Stevens, Chairman Executive Committee, introduced Drs. Todd, Yandell, and Kearns, delegates from the Kentucky State Medical Society, who each came forward, and, in kind terms, extended the greetings of the Kentucky State Medical Society, now in session in Covington, and invited our members to meet with them.

Dr. W. H. Mussey, of Cincinnati, *Special Committee on Improvements in Surgery*, read his report, and exhibited casts and photographs of various kinds of tumors. On motion, the paper of Dr. Mussey was referred to Committee on Publication, with instructions to print.

Dr. J. R. Black, Special Committee on *Sanitary Science*, read a lengthy report upon that subject, which was discussed by Drs. McIlvaine, Black, and Reamy, and was referred to Publication Committee, with instructions to print.

Dr. Dawson, on the part of the Executive Committee, presented the following order of business for to-morrow :



9 A. M., Election of Officers.

9½ A. M., Dr. Bramble's Report, Hydrate Chloral.

11 " Visit the Hospital.

2½ P. M., Paper of Dr. Seeley on Diseases of the Eye.

3 " Valedictory.

4 " Dr. Wirth's Paper.

The Committee on Admissions, during the afternoon session, presented the following names, and recommended their admission. All were elected: J. M. Tucker, D. S. Young, A. B. Isham, A. C. Kemper, T. H. Kearney, W. P. Thornton, O. E. Davis, — Robb, N. H. Sidwell, J. W. Mendenhall.

On motion, Society adjourned until to-morrow morning, 9 o'clock.

SECOND DAY—MORNING SESSION.

The Society met at 9 o'clock, and was called to order by the President, Dr. Reamy.

Prayer was offered by the Rev. Dr. Boyce, of the Plum Street United Presbyterian Church.

The minutes of yesterday's proceedings was read by the Secretary and approved.

Dr. A. W. Pinkerton, of Indiana, was introduced to the Society by the President, and invited to take a seat with the members and participate in the proceedings.

Dr. W. Cole, delegate from West Virginia, was introduced, came forward, and addressed the Society in a few well-chosen remarks.

The Society went into the annual election of officers, Drs. Jones, Wirth, and Sinnett, being appointed tellers. The result was as follows:

*President*—Dr. W. W. DAWSON, Cincinnati.

*Vice Presidents*—Dr. I. KAY, Springfield; Dr. C. P. LANDON, Westerville; Dr. E. SINNETT; Dr. J. W. RUSSELL, JR., Mt. Vernon.

*Secretary*—Dr. W. C. HALL, Fayetteville.

*Assistant Secretary*—Dr. J. W. HADLOCK, Cincinnati.

*Treasurer and Librarian*—Dr. J. B. THOMPSON, Columbus.

*Committee on Admissions*—Drs. LITTLE, PEARCE, GRAY, BAKER, and BLACK.

On motion of Dr. W. H. Mussey, it was agreed that when this Society take a recess, it be to 2 o'clock P. M.

The place of our next meeting was now considered. Dr. Jones-

invited the Society to Portsmouth; Yellow Springs, Springfield, Dayton, and Newark were also named; a vote being reached, Dayton was selected.

At this morning's session, the following new members were duly elected: N. Hall, Cincinnati; E. A. Day, A. P. Courtright, A. T. C. Worthington, L. W. Bishop, J. H. Green, W. R. Thompson, Jacob Kirby, A. Renfield, J. Ludlow, Wm. Hyde, W. G. Bryant, J. M. Hall, Dr. Haldt, W. M. Logan.

Also the following delegates: Dr. W. R. Thompson, Medical Society Montgomery County; Dr. J. W. Hoff and J. R. Meeks, Meigs County Medical Society; Dr. Lewis Schwab, Scioto County Medical Society; Dr. J. H. Greene, Miami County Medical Society.

The President announced that arrangements had been made for the Society to visit the Cincinnati Hospital at this hour, and the Society took a recess until 2 o'clock. Dr. W. H. Mussey invited the members of the Society to visit the Pathological Museum of his late father at the Miami College on Twelfth street, near the Hospital, after the adjournment of the meeting at the Hospital.

The members of the Society, and also the members of the Kentucky State Medical Society, visited the Cincinnati Hospital, and were shown through the extensive wards by the officers of the Hospital. Several interesting surgical cases were shown to the visitors by Drs. Dawson and Kearns.

#### AFTERNOON SESSION.

Vice President Dr. H. J. Herrick in the chair.

Dr. D. D. Bramble of Cincinnati, read his report on *Chloral Hydrate*, which was listened to with much attention, and ordered published with the Transactions.

The Chair appointed Drs. H. J. Herrick and R. Gundry, a committee to wait upon Dr. W. W. Dawson, the President elect, and conduct him to the chair. Dr. Dawson, on assuming his new position, thanked the Society for the honor in fitting terms.

The retiring President, Dr. Reamy, delivered his valedictory address, which was quite able, and the audience showed their appreciation of the paper by frequent applause.

Dr. T. A. Reamy was tendered the thanks of the Society, and on motion of Dr. Stevens, the paper was ordered printed with the Transactions.

Dr. Seeley read his report on *Diseases of the Eye*, which was ordered published with the Transactions.

Dr. Wirth, Special Committee on *Diseases of Larynx*, read his report, which was, by vote of the Society, ordered printed.

Dr. R. R. McIlvaine, delegate from this Society to the State Medical Society of New York, made his report of his attendance upon said Society. Report received, adopted, and ordered printed with the Transactions.

Dr. Hall presented and read a report of A. N. Reed, of Norwalk, upon the same subject. Ordered printed.

Dr. R. R. McIlvaine asked leave to withdraw from the State Medical Society by reason of his removal from the State.

Dr. Thompson moved to make Dr. McIlvaine an honorary member of this Society. Carried unanimously.

Dr. McIlvaine thanked the Society for the honor conferred.

The Chair announced that papers would be read on to-morrow by Drs. Bartholow and Whittaker.

On motion, the Society adjourned until to-morrow morning at 9 o'clock.

#### THIRD DAY—MORNING SESSION.

The Society was called to order promptly at 9 o'clock this morning. President Dr. Dawson in the chair. Prayer was offered by the Rev. Mr. Halley, of the Congregational Church.

The minutes of yesterday's proceedings were read and adopted.

The attendance this day was very good.

Dr. Kincaid moved to reconsider the vote fixing on Dayton as the place to hold the next annual meeting, and gave as his reason for said motion that none of the profession of that city had invited the Society there. The motion was adopted, and Portsmouth was substituted in its stead.

Dr. Roberts Bartholow, of Cincinnati, read a volunteer paper on the use of the *Ophthalmoscope and the Spygmograph in the Study of Therapeutic Agents*. The paper was referred to the Committee on Publication, with instructions to publish with Transactions.

Dr. James T. Whittaker read a volunteer paper on *Eperiments in Reproduction*, which was, on motion, referred to the Publishing Committee with instructions to print.

On motion of Dr. Leonard, Dr. E. B. Stevens' report on Uterine Catarrh was taken from the table and discussed by Drs. Alexander



Dunlap and M. B. Wright. A vote being taken, the paper was referred to the Publishing Committee with instructions to print.

The Society, on motion, took a recess until 2 o'clock to enable the members to visit Covington and witness the workings of the Holly Water Works.

#### AFTERNOON SESSION.

Society met at 2 o'clock. The President, Dr. Dawson, in the chair.

The Committee on Publication made the following report which was, on motion, adopted :

|  |          |
|--|----------|
| Five hundred and twenty-five copies of the Transactions were published at a cost of..... | \$483 00 |
| Five hundred copies of the Constitution.....   | 25 00    |
| Total.....   | \$508 00 |

W. C. HALL,  
H. DRURY,  
J. B. THOMPSON,  
*Publishing Committee.*

The Secretary inquired the wish of the Society in regard to the Report on the Prevailing Diseases of the State.

Dr. J. R. Black (chairman of said Special Committee, appointed last year) said a motion was made to read the paper by *title*.

In consequence of the lateness of the session, Dr. Gundry inquired if the Society was not establishing a bad precedent in thus crowding out regular reports and giving place to volunteer contributions.

Dr. Hall explained, that the chairman, Dr. Black, was compelled to return home on Thursday morning, and had left his report in his hands, and he was ready to read it did the Society so request, and fully agreed with Dr. Gundry in all he had said.

The paper was read by title, and referred to the Committee on Publication with instructions to print.

Dr. Hall stated that the report of Dr. Black embraced only twenty-eight of the eighty-two counties in the State, and hence was not complete. He therefore moved that a committee upon the same subject be continued, of which Dr. J. R. Black should be chairman. Motion carried.

The President (Dr. Dawson) announced a volunteer paper on the *Infecting Substance in Contagious Diseases and in Epidemics*, by C. G. Comegys. On motion, the paper of Dr. C. was read by title and referred to the Publishing Committee with instructions to print.

The Committee on Finance presented the following and recommended its payment, which was adopted :

*Ohio State Medical Society to W. C. Hall, Dr.*

|   |               |
|---|---------------|
| To one hundred blank credentials.....   | \$10 00       |
| To six hundred post-paid envelopes..... | 20 75         |
| To circulars.....                       | 6 00          |
| To five hundred seals.....              | 1 25          |
| Total.....                              | <hr/> \$38 00 |

W. H. MATCHETT,

*Chairman of Finance Committee.*

On motion, Dr. James F. Hibberd, of Indiana, and Dr. N. Dalton, of Mineral Point, Wisconsin, were elected honorary members of this Society.

Dr. D. S. Young, of Cincinnati, read a volunteer paper on —————, which was, on motion, referred to the Publication Committee with instructions to print.

Dr. E. B. Stevens stated that he had collected additional historical facts relative to this Society, which his report last year did not contain, and asked leave to submit them to the Publication Committee with instructions to print. Granted.

During the session to-day the following new members were duly elected: Drs. J. L. Wilson, Greenfield; Alfred M. Whitehead, Springfield; N. P. Dandridge, Cincinnati; J. B. Ousley, Jacksonburg; W. W. Shepherd, Hillsboro'; R. D. Huggins, West Alexandria; Wm. Sayler, Gratis.

The Chair announced the following Standing Committees:

STANDING COMMITTEES.

*Executive*—A. B. Jones, C. M. Finch, M. Pixley, A. Titus, — Schwab.

*Publication*—W. C. Hall, J. B. Thomson, J. W. Hadlock, A. J. Miles, A. Wilson.

*Finance*—S. B. Williams, Warren Woodward, M. W. Junkins, J. B. Ousley, R. L. Livesey.

*Medical Societies*—J. D. Cotton, D. Noble, J. M. Brown, C. A. Miller, A. C. Kemper.

*Ethics*—B. F. Hart, Byron Stanton, J. J. Marcy, Alfred Follett, Geo. B. Orr.

*Obituaries*—B. B. Leonard, A. M. Brown, M. Cassatt, J. D. Edwards, N. P. Dandridge.

#### SPECIAL COMMITTEES.

*Uterine Therapeutics*, H. J. Herrick.

*Ovariectomy*, A. Dunlap.

*Surgical Diseases of Women*, T. A. Reamy.

*Eye and Ear Surgery*, W. W. Seeley.

*Generation*, J. T. Whittaker.

*Vaccination*, W. B. Davis.

*Pathology of the Blood*, W. P. Thornton.

*Therapeutics of Electricity*, Roberts Bartholow.

*Gynæcology*, C. D. Palmer.

*Nervous Transmission*, S. S. Scoville.

*Chronic Diseases of the Lungs*, Wm. Carson.

*Obstetric Record*, J. Helmick.

*Electrolysis*, W. H. Mussey.

*Cholera Infantum*, A. J. Miles.

*Puerperal Convulsions*, J. Pomerine.

*Belladonna*, J. A. Little.

*Therapeutics of Mineral Springs*, Geo. E. Walton.

*New Remedies*, E. R. Lang.

*Diseases of the Larynx*, R. Wirth.

*Hernia Cerebri*, P. S. Conner.

*Uterine Diseases*, E. B. Stevens.

*Diseases of the Skin*, C. O. Wright.

*Castration*, W. C. Hall.

*Medical Chemistry*, J. B. Hough.

*Amputations*, T. H. Kearney.

*Puerperal Convulsions*, R. Gundry.

*Inflammation of the Chest*, J. A. Murphy.

*Semilogical Value of Yellow Elastic Tissue in Sputum*, A. T. Keyt.

*Relations of the Mental to Man's Physical Forces*, A. B. Jones.

*Psychology*, J. W. Hadlock.

*Asylum for Epileptics*, W. J. Conklin, R. Gundry, Byron Stanton, W. L. Peck.

*Prevailing Diseases throughout the State*, J. R. Black.

*Delegates to New York State Medical Society*—A. Dunlap, W. P. Kincaid, A. Robb, C. P. Landon, W. H. Mussey.

*Delegates to Kentucky State Medical Society*—A. E. Jenner, J. C. Kennedy, J. A. Murphy, N. Baker, C. G. Comegys.

*Delegates to Indiana State Medical Society*—T. A. Reamy, A. C. McLaughlin, R. C. S. Reed, A. E. Heighway, J. T. Whittaker.



*Delegates to Illinois State Medical Society*—H. J. Herrick, J. A. Little, D. D. Bramble, H. C. Pierce, W. C. Jacobs.

*Delegates to Kansas State Medical Society*—W. C. Hall, S. S. Scoville, S. B. Bishop, B. F. Miller, O. E. Davis.

*Delegates to West Virginia State Medical Society*—J. W. Hamilton, J. Strong, J. Carson, G. C. Blackman, H. J. Donchue.

[The members throughout the State who were in attendance will long remember their professional brethren in the sister cities of Cincinnati and Covington. Their efforts to entertain the members were untiring. Good looks, good feeling, good cheer, good banquets, good everything, characterized the meeting throughout.

W. C. HALL, *Secretary*.]

The Society adjourned, to meet in Portsmouth on the second Tuesday of June, 1872, on motion of Dr. W. C. Hall.

W. W. DAWSON, *President*.

W. C. HALL and J. W. HADLOCK, *Secretaries*.

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## THE ACADEMY OF MEDICINE OF MEIGS AND MASON.

The Academy of Medicine convened at Pomeroy, Ohio, April 6, at 7 P. M., Dr. Whaley in the chair.

This being the first regular night of election, the following officers were chosen to serve for the ensuing six months, viz:

*President*—A. L. Knight.

*Vice President*—D. C. Whaley.

*Recording Secretary*—T. Curtis Smith.

*Corresponding Secretary*—J. Q. A. Hudson.

*Censors*—Drs. Geo. Ackley, C. R. Reed, and H. C. Waterman.

The discussion of pneumonia, which had continued through several preceding meetings, closed this evening. Subject for next meeting, "Spinal Meningitis," Dr. Smith, essayist.

Dr. I. Train reported case of puerperal convulsions in a primipara, with treatment, in which craniotomy was performed by him, he deeming it necessary to effect delivery and save the mother, who recovered. The case and treatment of the disease were discussed at length.

Moved to adjourn to meet at Middleport, Ohio, April 13, at 7 P. M.

D. C. WHALEY, *Vice President*.

T. CURTIS SMITH, *Secretary*.

## Selections.

*On the Mortality in the Lying-in Ward of the Cincinnati Hospital.*

By Dr. GEORGE MENDENHALL, Professor of Obstetrics in the Miami Medical College, Cincinnati; Consulting Medical Officer in the Obstetric Department of the Cincinnati Hospital. (Communicated by the President.) I have been greatly interested in the history of the Florence Nightingale lying-in wards of King's College Hospital, London, by Charles Rowling, late resident accoucheur, etc., as reported by Dr. Playfair in the "Transactions" of the Society for March 4, 1868.

It reminds me of some experience of my own during the months of January, February, and March of the present year in the lying-in department of the Cincinnati Hospital.

For two years preceding January 1, 1869, the patients of this hospital occupied temporary quarters while removing the old and building a new hospital. On the 1st January the new building was occupied by all classes of patients. The building consists of six pavilions of three stories each, with a dry, elevated basement; three of these are on either side of the grounds, and connected in the front by an ample administrative building, and in the rear by the culinary arrangements and some other accommodations.

The pavilions are not in the same line, but connected laterally at their ends by open corridors, twenty to thirty feet in extent, so that each pavilion had no direct connection with any other, there being a free circulation of air between them.

The hollow square is occupied as ornamental grounds, fountain, etc. The whole six pavilions, being three on the east and three on the west side of the grounds, intended for six hundred patients, or an average of one hundred each in the three stories of a pavilion, the upper one of which is inclosed by a mansard roof. The wards are approached one from the other at the ends by an iron staircase, connected by a hall and two intervening doors with the wards, which may be kept closed if thought best. All the rooms or wards are well supplied with windows, which I think give the most desirable ventilation. The whole is heated by warm air from coils of steam-pipes. There are also fire-places which may

be used for ventilation and warmth. An air space of 1,500 to 2,000 feet is allowed for each patient. Without consultation with me, the trustees placed surgical patients in the lower room, medical in the second, and the obstetrical patients in the third or attic story. The ventilating arrangements are connected with the chimney stack, for the engine at the rear end of and between the two rows of pavilions. This arrangement was looked upon as complete in a hygienic point of view.

On the 1st January this year I took charge of the lying-in department. Soon after I discovered that the patients convalesced slowly and unsatisfactorily. Unusual feverish symptoms, red tongue, tendency to diarrhea, etc., culminating in attacks of metritis, peritonitis, fever, etc., so that on the 4th February one died, on the 29th another died, and on the 13th of March another. From January 1st to April 1st there were fifty-three cases of labor, thirty-seven of these between the middle of January and the middle of March—the period of increased mortality.

I was dissatisfied and puzzled as to the possible or probable cause of the disturbance of health in the ward. I did not think it possible that this new building, apparently perfect in all its appointments, could be at fault, and was for a time hoping daily that a cessation of difficulties would occur, supposing the succession of cases were mere coincidences. I hardly knew where to begin my investigations. I, however, began with the ventilation, and soon found that the ventilating current, instead of flowing *from the ward* into the chimney stack, was flowing *into the ward* from the surgical ward below. This led to the closure of the openings by which air was expected to pass out, and the use of the abundant windows was resorted to. Thermometers were placed in the wards, so that the temperature might be regulated by the admission or exclusion of the warm or cold air, as might be necessary. Since March 13th to the date October 10th not a single death has occurred, and the patients generally have convalesced kindly and rapidly. On inquiring as to the condition of the surgical ward, I find that during the months of January, February, and March that there occurred seven cases of erysipelas, one of gangrene and extensive suppurations, five of extensive suppurating ulcers, one of peritonitis following an operation for stone, and one of pyæmia. Surely this condition of things was sufficient to account for the frightful mortality of three in thirty-seven cases in six weeks, or one in twelve and a third cases of labor, or, taking the three



months together, one in seventeen and two-third labors. I ought to state here that the ward was soon after changed to the second story of another pavilion with a medical ward below, and now remains in that way.—*Obstet. Trans.*, 1870.

*Tobacco.*—It is somewhat remarkable that concerning a habit so nearly universal as is tobacco smoking, different observers should vary so widely in their statement of facts. We do not, of course, refer to the wandering tribes of popular lecturers, who howl inconsequent anathemas against the soul-destroying influence of every practice which they personally dislike; nor yet to the illogical few of our own guild who, having either never smoked at all, or desisted after their nauseating noviciate, confound their subjective memories with objective phenomena, and decry the toxic effects of a luxury which they can not appreciate, or against which they entertain a private grudge. But that observant physicians, versed in physiology and personally experienced in the moderate use of the "weed," should so widely differ with regard to its most easily cognizable effects, argues either a great diversity in individual susceptibility to its action, or a tendency to accept traditional dogmas without inquiry, or, perhaps, a combination of both.

A recent issue of the *Medical Times* contains a paper read before the Philadelphia County Medical Society by Dr. J. C. Morris, and a report of the discussion thereof, which exemplify these discrepancies of observation to a marked degree. Passing over the *propter quia post* statistics, whereby it has been attempted to connect insanity with the tobacco crop in France, and setting aside the discomfiting phenomena attending the first acquirement of the habit of smoking, Dr. Morris proceeds to consider its effects in those to whom it has become a daily luxury. The first accusation against tobacco which he repels is, that it leads to alcoholic excess; "on the contrary," he says, "it has always seemed to me to be in some measure an antidote both to the effects of alcohol and to the craving for it in old dipsomaniacs." While we concur in acquitting smoking of any complicity with inebriety, we regret to record our firm conviction that it is equally inoperative in promoting sobriety. The fact that in convivial indulgences cigars and alcoholic beverages are commonly associated, has doubtless given rise to the undeserved charge that the former excites a desire for the latter; but, in reality, it is impossible to establish

any interaction, whether of attraction or repulsion, between the two.

The author regards it as an error to rank tobacco as a cerebral stimulant, conducing to deep thought and long continued mental activity, and affirms that "it rather obtunds general and special sensibility, and lowers muscular power, indisposing for active exertion or for the reception of external impressions." To this freedom of the mind from disturbance by external influences, he attributes the attainment of "greater generalizations than were possible when it was constantly receiving new facts." Although, in some instances, this cogitative disposition may seem to be fostered by tobacco, it may be doubted whether it is not rather the "brown study" that lends zest to smoking than the weed that predisposes to musing. The majority of moderate smokers light their cigars only after a meal, when the process of digestion induces more or less indisposition for active exertion; but where the habit is carried to greater excess, we find it in persons of the most various temperaments. The vivacious and the phlegmatic; the bustling man of business and the sedentary student; the active handicraftsman and the indolent man of leisure; of all these, exemplars may be found who are seldom without a pipe or cigar between their lips. If daily observation did not suffice to controvert the assertion that tobacco "lowers muscular power," the records of the recent Prussian campaign would show that the regular rations of cigars apparently served to increase the activity and endurance of the troops. To quote but one out of the scores of witnesses to this effect, Dr. Scoffern, an English surgeon serving with the 1st Silesian Jaegers, writes to the *Lancet* of the splendid health and muscular condition of the soldiery, and adds: "I never knew what smoking was until these latter days, and in presence of the rosy faces here it is impossible to reprobate the practice on any physiological or material ground."

The next "marked effect of tobacco" which Dr. Morris adduces is an increased secretion from the gastro-intestinal mucous membrane, which he thinks takes place from the mouth to the anus. "The increased flow of saliva," he remarks, "none will doubt." That an increased flow of saliva, in many cases, accompanies the act of smoking (and that to this are due most of the symptoms commonly attributed to the habit itself) we are free to admit; but that such increase is owing to any specific effect of the tobacco is more than doubtful. In the uninitiated, similar saliva-

tion will be induced by merely holding a lead-pencil or any other foreign substance in the mouth, and still further increased by the motion of the tongue and buccal muscles in the act of suction; but hundreds of habitual smokers can testify that a cigar or pipe has no such effect upon them. As to the suggested influence of tobacco in augmenting the secretion of gastric juice, Dr. Hammond's experiments on dogs would seem to favor the affirmative, although the fact that the gastric and salivary secretions are generally increased simultaneously, and that the latter is likely to be greatly stimulated by the unaccustomed presence of tobacco in the mouth of a lower animal, must detract from the value of any results thus obtained.

Another effect ascribed to tobacco is its antaphrodisiac tendency, which the author accounts for by its "rendering the urine more abundant and less stimulating, but probably also by its action on the great centers of the sensorium commune, and also by obviating constipation, with its resultant pressure on and irritation of the prostate." To this we have but three exceptions to note: first, that pressure on the prostate is not uncommonly accepted as conducive to virile ardor; second, that smoking does not render the urine more abundant; and third, that tobacco, at all events in those accustomed to its use, is not antaphrodisiac. Unless history strangely misrepresents the social habit of the Turks, they illustrate the inertness of the drug in this respect, and, in our own country, the most striking examples of amativeness are daily seen in men who are constant smokers.

It is in the subsequent discussion, however, that diversity of opinion is most marked. Dr. Morris having defined moderate use of cigars as "that which is sufficient to lower the pulse" among other things, a second gentleman remarked that a cigar "increases his pulse ten or fifteen beats;" whereupon a third testified that his pulse was reduced "five or six beats in a minute" by smoking moderately. By different speakers tobacco was said to be "a sedative narcotic, to be ranked with bromide of potassium, digitalis, aconite, and conium;" and "a stimulant like alcohol;" to increase elimination, and to retard retrograde metamorphosis; one considers it as allaying the desire for drink; another asserts that it is "a matter of observation that smoking creates a thirst; several declare that they have found no ill effects from its use, but a late distinguished professor is quoted as having observed "worse effects from tobacco than from alcohol." Its alleged action in



causing pharyngitis was mentioned, but no one was there to cite the positive affirmation of Dr. Mauran, that smoking is almost certainly preventive or curative of "clergyman's sore throat."

The moral of these discrepancies, as it seems to us, is that many things are set down on the debit or credit side of our account with tobacco which do not belong to it. The man who has a craving for alcoholic stimulants may also acquire a taste for smoking, but it is as illogical to assume a causal relation between the two as it is to claim that a sober smoker is restrained from inebriety by tobacco. As regards the circulation, he, who while enjoying his cigar reclines in an easy chair, may perhaps find his pulse reduced in frequency; but as far as our observation goes, acceleration of the pulse is usually occasioned by smoking, even at times when digestion is not going on. Throat-symptoms (and probably other discomforts charged to the score of tobacco) may, perhaps, arise from the perpetual expectoration to which some inexpert smokers are addicted; but the simple fact that the vast majority are free from any form of cynanche should exonerate tobacco from any special blame in the matter.

It is to be noticed that in this, as in nearly all similar discussions, no mention is made of the more subtle physiological effects, which can only be inferred from analysis of the excretions; but attention is almost wholly given to coarser functional phenomena which may be influenced by several different causes. Observation of this sort is useless, and so also are experiments with tobacco upon the lower animals, or upon human subjects who have not acquired tolerance of its action. Its action in poisonous or medicinal doses we already know; the dietetic use of its fumes is quite a different affair, to be investigated by different methods.

*Iodide of Iron as a Remedy in Incontinence of Urine.*—In the *Medical Times and Gazette* of December 17, Dr. John Barclay, after a very long list of the "constitutional, moral, mechanical, and specific" remedies and methods of treatment in this disease, says: "I have tried several of the above remedies, and, before I stumbled upon the syrup of the iodide of iron, found atropia or belladonna by far the most certain and trustworthy. Tincture of iron is much employed, but after frequent and persevering trials with it, I have been always disappointed. During the past two and a half years twenty cases of incontinence of urine have been treated by me. The medicine invariably prescribed has been

syrup of the iodide of iron alone, and, so far as I know, there have been no failures. I have notes of all the cases, but only eleven in the completed state, since the other nine, who came from a distance, did not return to say what was the result. The probability is that they were cured, otherwise they would not have been got rid of so easily. At all events, the eleven who did report themselves, or who were continually under observation, were all cured, the improvement in several of the cases following so closely upon the administration of the remedy as to leave no doubt that the good effect was due to the syrup. Dr. Manson, of Banff, and Dr. Smith, of Kinnairdy, have both found the medicine equally satisfactory. Dr. Smith says that he tried it, only a fortnight ago, on a boy, who for a long time had been a sad martyr both to diurnal and nocturnal incontinence, and who had resisted all other remedies, but who, upon giving him the iodide, was in two or three days almost well." The doses given were from fifteen minims to half a fluid drachm three times a day, according to age.—*Medical Times*.

*In the trial of one M. A. A. Wolf*, a well-known abortionist of this city, for inducing abortion, and thereby causing the death of a patient under his charge, the Assistant District Attorney (Mr. Fellows) thus pointedly referred to another well-known representative of this infamous class, who occupies one of the most palatial residences on Fifth Avenue:

"I have a right to refer to that den of shame in our most crowded street, where every brick in that splendid mansion might represent a little skull, and the blood that infamous woman has shed might have served to mix the mortar with which that palace of iniquity was built. When I see American mothers with servants in livery, and all the evidence of splendor and wealth, frequenting those bloody courts and contributing to keep up this woman in her extravagance and licentiousness, I, in common with my fellow-citizens, should become indignant at this blot on the otherwise fair name of our city. It is not so much that the crime exists, but that it is the only crime in the catalogue which defies the courts and juries. If there is anything that adds to the atrocity of this crime, it is that the men and women who commit it take professional titles. What right has this infamous woman, by whose den of shame and blood we have to ride to get to the fairest scenes in our city—erected there as the old dragon's castle

was, close by the gates of the fabled Eden—to take the title of “madame” upon her lips! “Madame Restell,” forsooth! Madame Murderer, Madame Abortionist! And “Doctor” Evans and “Doctor” Wolf—are they entitled to the name of doctor? Are they regular physicians? The defendant nods his head—then so much the deeper, and darker, and more damning his iniquity.”

We are pleased to add that the defendant in this trial was found guilty, and was promptly sentenced by Judge Bedford to seven years’ imprisonment in the State-prison at Sing Sing.—*New York Medical Journal*.

*Revaccination.*—Mr. Simon, the medical officer of the Privy Council, has recently published an important memorandum on this subject. He believes that, by a successful vaccination in infancy, most persons are insured for a lifetime against an attack of small-pox; and that, in the proportional few cases where the protection is less complete, it will, on account of the vaccination, be generally so mild as not to threaten death or disfigurement: There is, unfortunately, a vast amount of imperfect vaccination, and consequently every population contains very many persons who, though nominally vaccinated, are liable to the disease. It is, therefore, advisable that all persons who have been vaccinated in infancy should, as they approach adult life, be revaccinated. The best time for this is when growth is about completing itself, that is, from fifteen to eighteen years of age. If, however, there is prevalence of small-pox in the neighborhood, or if individuals are exceptionally exposed to infection, the age of fifteen should not be waited for, especially in the case of young persons in whom the marks of previous vaccination are unsatisfactory. Revaccination, once properly and successfully performed, does not appear ever to require repetition. In proof of this assertion, he states that the nurses and other servants of the Small-pox Hospital, when they enter the service, are invariably revaccinated; and so perfect is the protection that, though the nurses are in close and constant attendance on the patients, and the other servants are, in various ways, exposed to the contagion, during thirty-four years there has never been known an instance where any one of them has ever contracted this disease. The Royal College of Physicians of London has sanctioned this report.—*New York Medical Journal*.



*Blood-letting in Obstetric Practice.*—Dr. Fordyce Barker has recently read a paper on this subject before the Medical Society of the County of New York, in which he enumerates the various conditions before, during, or after delivery, in which blood-letting has been recommended by authorities, and refers to those in which he has thought it requisite to bleed. Among the latter are those in which there is vertigo and flushing of the face; though, as Andral and Cazeaux long ago showed, these symptoms may be coincident with poverty of blood, but, even in hydræmia, there might be a serious congestion capable of being relieved by venesection. Uterine and renal congestions, the former seen much oftener in feeble women, almost always make their appearance at the menstrual periods, when the woman will complain of tension and swelling of the abdomen, and of weight in the pelvis. If proper measures be not employed to reduce the congestion of the uterus, there may be a little flow of blood from it and some danger of abortion. This is commonly accompanied by marked vesical irritation. If these symptoms do not readily disappear, Dr. Barker thought bleeding would be the best treatment, following it by chlorate of potash and iron. As regards renal congestion, it would appear that in some cases of cerebral congestion the primary hyperæmia is to be found in the kidneys. This may be seen especially in the albuminuria of pregnancy. He related a case of sudden and severe convulsions, in which he had taken thirty ounces of blood, beside inducing a clear purgation by elaterium, and in which complete recovery occurred. He considered it to be a great mistake to suppose that blood-letting should never be resorted to except in the sthenic condition. Some of the most decided benefits he had seen derived from it had been in cases of patients extremely anæmic. In particular, there was now little occasion for the use of bleeding to overcome causes of delay, as other remedies, warm douches, belladonna, chloroform, were superior, but it was still useful in preventing threatened convulsions and apoplexy. In post-partum inflammatory affections, Dr. Barker stated he had not employed it for many years, believing we were in possession of other safer and equally sure means. Lastly, he thought that in certain rare cases of puerperal mania venesection might be of service. In the discussion which ensued upon the paper, the views of Dr. Barker were thoroughly indorsed by Dr. Peaslee, Dr. Isaac E. Taylor, and Dr. Lente, all practitioners of large and long experience.—*Medical Record.*

*Remarks on the Rationale of the Action of Arsenic in Cutaneous Diseases.*—Dr. Cleland has found this remedy most useful in cases of eczema and psoriasis in patients of a gouty or rheumatic diathesis; cases of psoriasis in conjunction with uterine affections; chronic inflammatory uterine affection, even although unaccompanied with cutaneous disease; persistent rheumatism, ophthalmia, and cases of lupus and palatal ulceration. He agrees with the late Dr. Begbie in thinking that arsenic is of special value in a certain class of rheumatic cases that are of a somewhat intermediate type between rheumatism and gout, or rheumatic gout, in which there is a strong tendency to lithic deposits in the urine. He refers to M. Lolliot's experiments, who concludes, from his observations made on dogs and rabbits, that arsenic exhibits two fundamental properties: first, depression of temperature; secondly, diminution of the urea in the urine. Dr. Cleland is of opinion that the therapeutic effects are due: first, to the arrest of processes of decomposition; and, secondly, to increased nutrition of the epithelial surfaces, evidenced by silvery tongue, plump appearance of the face, and red conjunctiva.—*Journal of Cutaneous Medicine.*

*Treatment of Gonorrhea.*—Dr. Thomas Hill (*Richmond and Louisville Medical Journal*) treats this disease by injecting the urethra every half hour with cold water for about twelve hours, keeping a cloth wet with cold water applied to the parts, and after the inflammation seems to be partially subdued, uses, R. Acid. carbolici, gtts. v. to x.; glycomæ, aquæ, aa ʒss.; M. to be used three times in the twenty-four hours. He says: "I have yet to see the patient, who followed these directions, who was not entirely relieved in three days. I look upon the recumbent position as absolutely requisite. If any internal remedy is necessary, a good dose of epsom salts is the best. If the scalding of urine is very severe, a teaspoonful of sodæ bicarb. will be found very effectual."

*Hypodermic Treatment of Syphilis.*—The last parts of the *Journal de Médecine* contain a translation by Dr. Oscar Max Von Mons of the Memoir of M. Scarenzio, of Pavia, and M. Ricordi, of Milan, to which the gold medal was adjudged at the Medical and Natural Science Congress held in Brussels in 1868. In this memoir a hundred and four cases of various forms of syphilitic disease, occurring in both sexes, at all ages, and pursuing diverse

occupations, are recorded, in which the treatment by the hypodermic injection of calomel was adopted with marked success. Thus, out of eighty-five cases of urinary disease, there were seventy-nine complete recoveries, three partial, and three deaths, of which two had no relation to the plan of treatment pursued. In opposition to Mr. Lewin, MM. Scarenzio and Ricordi employ calomel suspended in gum or glycerine and water, instead of corrosive sublimate. The quantity injected varied from about three to fourteen grains. Slight salivation occurred in two instances only. The suspended calomel was injected by means of a Pravez's syringe in the ordinary method; and, although any part of the body may be selected, they prefer the outer part of the leg or forearm, or the side of the chest. The operation produces but little pain. A minute fluctuating tumor is left, from which, in a few hours, the watery parts are absorbed. Eight or ten days afterward a local reaction occurs, terminating—and this is the chief objection that can be urged against this mode of treatment—in an abscess, which usually contains from a drachm and a half to two drachms of matter. It is advisable to delay the opening of the abscess in order to allow absorption to take place as completely as possible. Erysipelas of the arm occasionally occurred, and this they consider may best be obviated by the application of a thick layer of collodion to the limb, slightly bent, immediately after the injection, so as to act as a compressive bandage. The formation of the abscess took place in every case of injection except two. It is curious that the pus discharged generally contains no trace of mercury; it would seem that the calomel must be converted into sublimate and undergo absorption. As regards the frequency with which the hypodermic injection of calomel may be repeated, they state that in children two small injections are usually sufficient; in adults five or six grains may also be injected twice. They consider this method of treatment to be more certain and definite than the usual mode of administering mercury, and that it is especially well adapted for infants, pregnant women, and those who, for various reasons, are unable to take it by the mouth or use it as an ointment. It seems to present, at any rate, many advantages over corrosive sublimate, which is much too violent in its action, even in small doses. Still, the constant, or almost constant, production of an abscess will militate against its general introduction into English surgery.—*Lancet*.—*Medical Gazette*.



## Editorial.

*The Ohio State Medical Society.*—The twenty-sixth regular annual meeting of the Ohio State Medical Society convened in Cincinnati on the 4th of April, and continued in session three days. In many respects it was the best meeting of the Society ever held. There was the largest attendance; an unusual contribution of carefully prepared papers, as well as other useful business. There was no disturbing element in any shape. Entire harmony and good will prevailed. The prevailing sentiment and atmosphere of the gathering appeared to mean *business*.

The meeting was convened in advance of the usual time in June, to accommodate the meeting of the Kentucky Society at Covington, and thus secure an opportunity for mutual intercourse and acquaintance. This was enjoyed to a good degree. Formal committees from both sides made the usual speech-making visits; but it was all brief, and free from stiffness or formality.

Tuesday evening the profession of Cincinnati gave a banquet, at Hopkins' Hall, to the two Societies. Dr. Woodward made a pleasant speech of welcome to the two States, that was in good taste, happily conceived, and well received. On Wednesday night the Covington and Newport profession entertained the two Societies at Odd Fellows' Hall. There was a generous rivalry between the two sides of the river as to who should most cordially and graciously receive the guests from the two States. It is sufficient to say that on both evenings there was elegance, abundance, and hospitality. One feature of the social element all through was that the Societies were not welcomed by a few, but by the entire profession of the three cities. There were no petty jealousy or latent quarrels cropping out on the surface. Every one *felt* he was welcome.

On Wednesday, at noon, the Societies made a visit to the Cincinnati Hospital, and had an opportunity to see its resources, and have some matters of interest presented. Thursday, at noon, the members made a visit to Covington to witness an exhibition of the Holly Water Works.

There was a very good exposition of products of our city of

interest to the profession, but not by any means so good as it should have been. Foster exhibited his artificial limb, with all the details of its mechanism. Autenreith had a good show of surgical instruments. As he is just endeavoring to establish a business, his case was examined with much interest. Mr. F. Kraus had on exhibition rather a unique show of what he denominates his *divided medicines*. This case was studied very frequently, the members of the Society feeling that we had presented a plan for the administration of medicine at once reliable, and at the same time quite as attractive as the pellets of the homeopath. Mr. W. J. M. Gordon made an unusually fine—an unexpectedly fine—show of chemicals. Indeed, we presume that most who visited the side-room were surprised that so varied and beautiful chemicals were manufactured in our city. In this, as in many other respects, we have grown so quietly and steadily that few in our midst realize the nature and extent of our home products. Thus, in Mr. Gordon's case, we noted the finest specimen of gallic acid we have ever seen, and a vast variety of other preparations were equally good. We think our readers would do well to send for Mr. Gordon's circular. We trust an opportunity will be given every year for Western manufacturers to exhibit their wares at the meetings of the State Society, so that members may be kept posted as to those things which will advance their interests with their patients.

Dr. W. W. Dawson was elected President for the ensuing year. The selection was admirable, both on account of the earnestness with which the Doctor has devoted himself to this meeting, as well as his services in the past. Dr. Hall is continued Secretary. No one will contest the palm so long as he is willing to do so large an amount of poorly requited drudgery.

The Society adjourned to meet in Portsmouth next year. We hope the profession along the river, and upon the Southern border, will see to it that the Society, thus happily in the breeze, does not waver in its career of usefulness. As to this matter, we are free to say that, in our judgment, the Society should meet in Columbus, as a grand central point, at least once in three years. The migratory plan is good to a certain extent; but, after all, for permanent usefulness we are inclined to believe we should do more good to have a regular place of Central Ohio meetings, with a central museum, cabinet, etc., and a general place of deposit. The Ohio State Medical Society is becoming very strong, and there is no

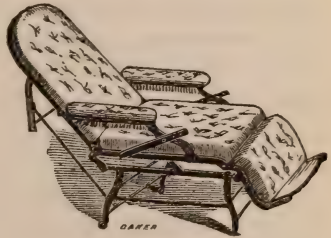
reason why it should not be powerful in influence, and all those matters which make up not only influence, but wealth, and with it power.

We anticipate for 1872 a very pleasant, full, and profitable meeting of the Society.

*Adjustable Chair.*—Mr. Wm. Diack, at 435 Third Avenue, New York City, is engaged in the manufacture of an elegant office chair, that we take pleasure in bringing to the notice of our readers. It consists of an iron frame, the various positions controlled by braces that are easily shifted, so that at option we have a comfortable chair, as in cut No. 1; or, shifting again, we have a

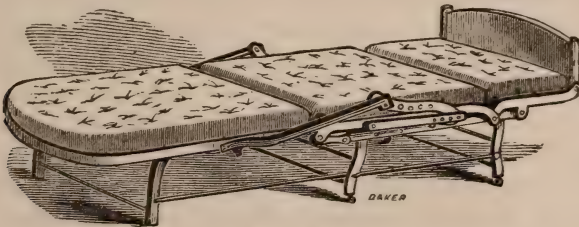


No. 1.



No. 2.

most convenient speculum chair, for various examinations and operations, or a comfortable lounging chair, as in cut No. 2; or, finally, by the same braces it may be extended as a bed, as in cut No. 3.



No. 3.

The frame may be closed up like a clasp-knife, so as to occupy a very small space, thus facilitating its transportation. It is provided also with stirrups, which may be attached at either front corner of the seat. This makes it most complete for speculum purposes. The price of the frame is fifteen dollars. The price of the upholstering will, of course, depend upon the character of the



material, and will range from ten to thirty dollars additional. The stirrups are also extra. One of these chairs may be seen at this office. It was on exhibition at the meeting of the State Society, and attracted much attention and favor.

*Questions of Ethics.*—We have recently received letters from very extreme points as to geography, raising questions of professional propriety. One letter incloses the card of Prof. C. W. Wright, who has permanently located, etc. The card announces that the gentleman was formerly a professor in the Medical College of Ohio, latterly a professor in the Kentucky School of Medicine, member of the American Medical Association, etc., “formerly Associate Editor of the Cincinnati *Lancet and Medical Examiner*” (whatever that is). The other letter incloses a half-column card, with certificates of wonderful cures, from some Dr. L. B. Kay, who professes to have been a medical student in some Cincinnati college, and a graduate. Of course comment is useless—wasted. We presume our correspondents have sent us these cards rather as items of news, and for our amusement, rather than with any expectation that they should receive any serious consideration. In the case of Dr. Wright, we can only say that he was a resident of this city many years ago, never was directly or indirectly associated with the *Lancet and Observer*, but as a man of some professional capacity his fall is to be moderately regretted.

*Editorial Changes.*—We regret to part with Dr. C. A. Logan from the editorial management of the Leavenworth *Herald*. In his nearly four years’ connection with that journal, he has been fearless and trenchant in all matters pertaining to the interest of the profession. In his retirement we wish him happiness and prosperity. Drs. Sinks and Brock will continue the management, and the journal is to be modified somewhat in its plan to include a pharmaceutical department. With number one of volume two, the *National Medical Journal*, at Washington, heretofore a quarterly, becomes a monthly, and the late editor and founder, Dr. C. C. Cox, retires to give place to Drs. Busey and Lee.

*Hospital Matters.*—Several changes have been made in the staff at the Cincinnati Hospital. First, a consulting Board is established, to which it is proposed to promote members who have long and ably served the Hospital, but who prefer a partial retire-

ment. Drs. Mendenhall, White, and Blackman have been named on this list. Hereafter they will serve and lecture by special request only. To fill the vacancies thus created, Dr. Taylor is transferred from the Pathological department to Obstetrics, in place of Dr. Mendenhall; Dr. Carson is transferred from Pathological department to Practice of Medicine, in place of Dr. White; and Dr. Young is appointed to the Surgical vacancy instead of Dr. Blackman. Drs. Gobrecht and Dandridge are appointed to the Pathological department, but we learn Dr. Gobrecht declines the position. We are pleased to notice that Dr. David Judkins is re-appointed as Trustee to the Hospital. Dr. E. B. Stevens is appointed at the *Good Samaritan*, on the staff, and assigned to the department of Diseases of Women. The staff is as follows: Surgery, Drs. Blackman and B. F. Miller; Practice, Drs. Wm. Carson and R. Bartholow; Obstetrics, Dr. M. B. Wright; Ophthalmology, Dr. W. W. Seely; Diseases of Women, Dr. E. B. Stevens. Dr. F. P. Anderson is chief resident physician, assisted by Dr. Read. This Hospital is in charge of Sister Anthony, and in a prosperous condition. It has arrangements for private patients at prices ranging from five to fifteen dollars a week.

*To Those in Arrears.*—We regret to state that while our subscription list has been steadily growing, our cash receipts are behind. We trust all those in arrears for subscriptions will immediately, and without further notice, respond.

*A Toothless People.*—Terrible times in Warrenton, Virginia, are thus depicted by the editor of the *Sentinel*:

“A few weeks ago a dentist came to town and advertised that he would ‘remove all of a person’s teeth for two dollars and insert a new set for ten dollars, besides giving six months’ credit.’ The Warrenton people are very fond of bargains, so there was a rush for the dentist’s office. He was busy for two weeks pulling teeth, and at the end of that time half the people had empty gums, and a bone-dust factory in the neighborhood doubled its workmen so as to grind up the teeth.

“Meanwhile the people were waiting for the dentist to fit them with new sets, the abandoned scoundrel eloped with the hotel keeper’s wife, and now there are two or three thousand people in town who can not eat anything tougher than soup and farina. All the butchers have failed, and not a cracker has been sold for three

weeks. One man, it is said, whittled out a set of wooden teeth for himself, but the first drink of whisky he took—Warrenton whisky—set them in a blaze, and his funeral came off the next day. The dentist will hear of something to his disadvantage if he comes back."

*Concerning Babies and Feeding Bottles.*—The *London Chemist and Druggist* says:

"The latest lead poisoning sensation, for which certain Liverpool chemists are responsible, reveals the horrible fact that we are now training our babies to the use of this addition to their nutriment, by feeding them through tubes composed of 'India rubber dissolved in ten per cent. of bisulphide of carbon and thickened with white lead, resin, and sometimes oxysulphuret of antimony, from which, when it comes in contact with the milk, sulphureted hydrogen is evolved, and lactate of lead formed in the stomach. The fact that several millions of infants have not only survived this treatment, but have to all appearances thrived on it, somewhat diminishes the horror which we ought to experience on learning this report. But we remember, and now for the first time intelligently comprehend, the touching American epitaph in a graveyard a very long way out West:

"Grim death has taken darling little Jerry,  
The son of Joseph and Syrena Howles;  
Seven days he wrestled with dysentery,  
And then he perished with his little bowels.

"Most likely it was weaning injured little Jerry;  
His bottle seemed to hurt his stomach's tone;  
But with the angels he'll get plump and merry,  
For there's no nursing bottles where he's gone."

"The fact that some millions of infants have thrived on one form or another of feeding bottles is indeed capable of forming consolation, but the comfort we derived from that reflection will be materially diminished by calling to mind the many millions who have perished."

*The Chicago Medical College* held its regular Commencement Tuesday evening, March 13. There were twenty-four graduates. The exercises were of an interesting character, and the valedictory was delivered by Prof. R. N. Isham.



*New Journals.*—We are in receipt of new additions to our journal exchange list. The *Kansas City Medical Journal* is edited by Dr. A. P. Langford, and it is to be issued bi-monthly at \$2 a year. This is not the first effort to establish a journal in this growing Western city. If we may judge by this first number, its career is to be successful.

*The American Journal of Microscopy* is the somewhat ambitious title of a monthly periodical devoted to "Scientific and Popular Microscopy." It is published in Chicago, and edited by Dr. E. M. Hale.

*Valedictory Address.*—We have received an address delivered by Dr. E. L. Plympton, on retiring from the presidency of the Lake Shore Medical Society. It is a courteous and worthy defense of the profession, creditable to the Doctor, and creditable to the Society that had the good taste to place it before the public in this permanent shape.

*Boston Medical School.*—The plan of instruction in this school has been entirely reconstructed. It is on the graded system. The *first year* embraces Anatomy, Physiology, and General Chemistry. The *second year*, Medical Chemistry, Materia Medica, Pathological Anatomy, Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery. *Third year*, Pathological Anatomy, Therapeutics, Obstetrics, Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery. An examination on the branches of each year is required, and no student is admitted to advanced courses until he passes the previous examination.

*Deaths of Profs. Wagner and Niemeyer.*—Among the victims whom the medical profession has furnished, in connection with the recent Franco-German war, have been two men of more than common note—Prof. Albrecht Wagner, of Königsberg, who died at Dole on February 15th; and Prof. Felix von Niemeyer, of Tübingen, who has died lately at Nancy. The cause of death in both cases was typhoid fever, contracted in the discharge of duty. Dr. Wagner was well and favorably known in Germany for his works on the Resection and Regeneration of Bones (translated a few years ago by the New Sydenham Society), on Hydrophobia, Diabetes in connection with Carbuncle, Resection of Nerves, etc.

On hearing of his death, the Crown Prince addressed to the Albertus University at Königsberg a letter expressive of his regret at the occurrence, and his esteem for the deceased. Dr. Wagner had been attached to the army of Gen. von Manteuffel as Surgeon-general. The name of Felix von Niemeyer has become well known among us through the translations of his excellent Text Book of Practical Medicine and his Lectures on Phthisis. He was Director of the Field Ambulance at Nancy. In the deaths of Wagner and Niemeyer a great loss, indeed, has been sustained by medical science.—*British Medical Journal*.

Ten tons of the hydrate of chloral were imported, it is said, into England from Germany during the past year. The price, at first, was five pounds a pound; it is now selling at less than five shillings a pound. There being no duty on alcohol in Germany, the materials required for the manufacture of chloral being only alcohol and chlorine, there can be no competition with the manufacturers there.

We regret to see announced the retirement of Mr. William Proctor, Jr., of Philadelphia, from the editorship of the *American Journal of Pharmacy*, which he has so successfully conducted for many years. Few men have done as much for pharmaceutical science as Prof. Proctor. His services and abilities are, we are happy to see, as fully appreciated abroad as at home.—*New York Medical Journal*.

*Ammonia in Snake Bites.*—The *British Medical Journal* states that two additional cases, showing the efficiency of Prof. Halford's treatment of poisoning by the bites of venomous snakes, by injection of ammonia into the veins, have been published in the Melbourne papers.

Dr. F. D. Lente has been appointed Professor of Diseases of Women and Children in the Medical Department of the University of the City of New York.

Prof. Edward Warren has resigned the Chair of Surgery in the Washington University of Baltimore.

Prof. Henry H. Smith has retired from the Chair of Surgery of the University of Pennsylvania.

## Obituary.

*Death of Dr. Charles T. Simpson.*—Although it was known that Dr. Simpson was in a broken-down condition of health, yet his death was a sad announcement to the profession of this city, where he was so well and so long known and esteemed. Dr. Simpson being a graduate of the Miami Medical College, of the class of 1857, his death was announced to the faculty by the Dean, and, on motion, Prof. Murphy was appointed to express the sentiment of the faculty, who reported as follows:

Charles T. Simpson, M. D., an honored graduate of this college, has closed his earthly history. Young in years, and still young in the plans of his life work, an All-wise Father has seen fit to take him from earth, as we trust, to heaven. We bow to the will of our Father.

*Resolved*, That the Secretary be directed to record this memorial on the books of the College, publish it in the *Lancet and Observer*, and forward a copy to the widow of Dr. Simpson.

GEORGE MENDENHALL, M. D., *Dean*.

EDWARD B. STEVENS, M. D., *Secretary*.

The Academy of Medicine appointed a suitable committee on the occasion, who reported the following:

*Whereas*, It has pleased an All-wise Providence to remove from our midst an honored and respected member of this body in the death of Dr. Charles T. Simpson; and,

*Whereas*, We feel it our duty to bow to the will of our Heavenly Father in this dispensation of His providence, we can not but regret his early death; therefore, be it

*Resolved*, That in his death the Academy has lost a worthy and honored member.

*Resolved*, That the members of the Academy tender to the stricken-hearted widow and family of the deceased, who feel most keenly his loss, their heartfelt sympathy in this their sad bereavement.

*Resolved*, That the members of the Academy attend his funeral in a body.



*Resolved*, That a copy of these resolutions be spread upon the minutes, a copy sent to the widow of the deceased, and that they be published in each of the city papers.

O. E. DAVIS.

C. P. JUDKINS.

J. C. CULBERTSON.

*Dr. Harrison Noble.*—Died, at his residence near Heyworth, Illinois, on the 12th of August, 1870, Hon. Harrison Noble, M. D., in the 59th year of his age.

Dr. Noble graduated at the Ohio College of Medicine in 1847. Previously to this time he had been engaged in agricultural pursuits, and early in the history of McLean county was county surveyor. He was a man of great strength of mind and will and a close student, and immediately upon his debut in medicine became prominent in the profession of the State. As president of the Illinois State Medical Society he was one of its most honored and efficient presiding officers; he was regular in his attendance upon its meetings, and acted frequently as chairman of important committees. At one time he made a special report upon the subject of typhoid fever, which was regarded as a very able effort. He was also a member of the American Medical Association, and frequently attended its sessions. The Doctor represented his district in the State legislature two consecutive terms, and was a prominent working member of that body. The then governor of the State declared in a public speech that he owed more to him for valuable assistance than to any other member of either house. At the last gubernatorial canvass he was a prominent candidate for the nomination for governor by a number of the central counties of the State.

Personally, Dr. Noble was a man of splendid physique and commanding presence, a good adviser, and a true and faithful friend. By his death a void has been created in the circle of society he ornamented, and in the profession that he elevated by his counsels; but,

“He gave his honors to the world again,  
His blessed part to heaven, and slept in peace.”

*Dr. S. W. Noble.*—At a called meeting of the McLean County Medical Society, held at the office of Drs. Bradley & Laughlin, Bloomington, Illinois, March 15, 1871, to take action with regard

to the death of Dr. S. W. Noble, the following preamble and resolutions were unanimously adopted:

R. D. BRADLEY, *Secretary*.

*Whereas*, We learn with sadness that our much-loved companion, Dr. S. W. Noble, after a protracted and painful illness, which he endured with great patience and fortitude, died on yesterday, at seven o'clock P. M.

*Resolved*, That in his untimely death our society has lost one of its most honored and useful members, the community a man of superior character and influence, and his family a devoted husband and affectionate father.

That we will ever cherish the memory of his ardent attachment to the interests of our society and his unremitting devotion to the cause of our noble profession, to whose dignity and practice he consecrated all his powers and all his great talents, and in the service of which he spent his life.

That we commend Dr. Noble's example, in that his devotion to his beloved science prompted him to express his desire that a post-mortem examination of his body be made, in order to confirm or correct the diagnosis of his case.

That we hereby tender his stricken and bereaved family and friends our sincere sympathy in this their sad and irreparable loss, and that a copy of these resolutions be published in the city papers and in the Chicago medical journals, and also in the *Western Lancet and Observer*, and that a copy be handed to the afflicted wife of our deceased brother.

A. H. LUCE,  
R. G. LAUGHLIN,  
T. F. WORRELL,  
*Committee.*

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*Married*.—On the 15th of March, 1871, by Rev. E. Grand Girard, F. M. Thomas, M. D., of Samantha, Ohio, to Miss Annette Holmes, of Hillsboro, Ohio.

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THE CINCINNATI

# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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## Original Communications.

### *Art. I.—Occlusion of the Rectum.*

By H. J. SHARP, M. D., Urbana, O.

March 26, Mrs. M. gave birth to an apparently healthy and perfectly developed male child, Dr. Kennedy attending the accouchment. It nursed well and regularly for the first two or three days, when there being no alvine evacuations, the abdomen becoming enlarged, and some vomiting taking place, the parents became anxious for its condition, which is not to be wondered at, when we consider how common it is for some officious grandmother to dose and drug the "wee innocents," even when the alvine discharges appear timely and regularly through nature's purge. The attendant physician was consulted in regard to the condition of the case, and attempted to excite evacuations by injections per anum, but found there was some obstruction of the rectum, and that the enema did no good. He accordingly advised that Dr. H. C. Pearce, of Urbana, be called, and with Dr. Pearce I saw the case; this was on the fourth day after birth.

We found, on examination, the child to all external appearances well formed, and, excepting signs of disturbance in rapid breathing, and considerable abdominal distention, healthy enough. There had been no alvine evacuation up to this time, but some vomiting of the milk ingested at nursing.

We attempted to inject some warm water per anum, but found it of no avail; and on examining found complete obstruction of the rectum, about three-fourths of an inch from the anal orifice. There was complete obstruction to the passage of a small probe. We diagnosed complete occlusion of the rectum, but not being provided with appropriate specula for a satisfactory examination, we determined to defer further examination until the next day, when, with proper instruments, we proposed to return and examine with a view to operating, if found advisable. Accordingly we returned, together with Dr. Ayers, of this place, the next day, and with a nasal speculum, which proved very appropriate, were able to examine the case very effectually.

Complete occlusion of the rectum was found at the point above named, below which the gut, sphincter, and all were found natural. Proceeding from the anal orifice inward, the caliber of the rectum seemed to diminish gradually up to the point of occlusion. There was no abrupt ending of the full-sized caliber of the rectum against a pouching septum; so we concluded that it was not that form of rectal occlusion, in which there is merely a membranous septum thrown across the rectum, but that the rectum was wanting in a part of its course, or that it was a case of non-development of this portion of the intestinal canal. It was probable from the child being able to nurse, and from the abdominal distention, that the small intestines, and probably also the colon, were present and pervious.

From the condition of the patient, there being considerable abdominal discoloration, and from facts revealed by the final examination, it was deemed inadvisable to attempt relief by an operation, and the little sufferer was left to nature's course, with the indubitable evidence that she would, ere long, end its suffering.

The consent of the parents was obtained for a post mortem in the event of the child's death, which took place not long afterward, and by the post mortem the facts as given below were revealed.

*Post Mortem.* An incision was made from a point a little above

the umbilicus downward, through the symphysis pubis, bringing the intestines into view. These were very much distended with flatus and a dark colored, very offensive, semi-fluid material, probably the meconium and decomposed milk ingested in nursing. The small intestines were very considerably distended, but in no way malformed. The colon largely and somewhat displaced was well formed. The rectum was likewise much distended, and in tracing it was found ending in a *cul de sac*, to the center of which was attached a mere thread-like filament, about an inch and a half in length, connecting this extremity with that portion below connected with the anal orifice. This filament was evidently a rudimentary portion of the intestine, consisting of basement membrane, containing no muscular fiber. Under the microscope the epithelium was plainly visible. It was completely impervious, presenting no signs whatever of patency.

This case is interesting in that it is an unusual form of rectal occlusion, and shows that, by careful examination, considerable certainty may be arrived at in diagnosing such difficulties. In this case we were able to conclude, with a good degree of certainty, that an operation for relief, by an incision or by introducing a trochar through the occlusion, would promise but little, as the gradually diminishing size of the caliber of rectum from the anal orifice inward to the point of occlusion, would indicate that there was contraction of the caliber for a portion of its extent at least; and the obstruction being so complete and firm, pointed to firm adhesion or complete absence or non-development of the intestinal canal at this point. And, on the other hand, if we had suspected that form of occlusion in which there is merely a membranous septum obstructing the patency of the intestine (and which is reckoned more common than that form holding in this case), we would not have expected a gradually diminishing caliber, but that its full size would be abruptly terminated against a pouching septum made to pout by the pressure of the conduits of the intestines from above.



*Art. II.—Menorrhagia.*

By W. B. GUTHRIE, M. D., of Hartford City, W. Va.

Those pathological conditions of the uterus which give rise to abnormal symptoms, or evidences of a departure from the laws by which it is governed in health, are so obscure, and the ideas presented by pathologists for the consideration of the profession so vague, that we feel some hesitancy, in view of our short experience in practice, in walking out upon territory hitherto so unsatisfactorily explored by others; and until medical science arrives at such perfection as that the human organism, in all its secret internal workings and changes, both in disease and health, are transparent, and stand out as though painted in living pictures upon canvas, to the eye of the practitioner of medicine, he is doomed to grope his way in darkness, while he follows a course indicated by his own judgment, experience, the experience of others, and the demands apparent of the case in hand.

Menorrhagia—from *menes*, menses, and *regnumi*, to burst forth—is defined an immoderate flowing of blood from the uterus at the menstrual nixus, or, otherwise, a too profuse, prolonged, and frequent menstruation. It will be understood that this definition is restricted to uterine hemorrhage not occasioned by the existence of tumors, malignant disease of the uterus, or the parturient state.

It is impossible for us to fix upon a general standard by which the menstrual flux can be measured, as what is normal menstruation in one woman may be hemorrhagic in another, and *vice versa*. But each woman has in herself a standard by which she can measure her menstruation, and determine whether it is pathological or physiological.

It will be seen, from the preceding definition, that menorrhagia may be present in various forms. It may be normal as to the quantity discharged, but abnormal as to duration and the frequency of its return. It may be normal as to duration, and abnormal as to periodicity and the amount lost in a given time. It may be normal as to periodicity, and abnormal as to the amount lost in a given time and the period of its duration. An almost endless variety of differences may occur in point of duration, periodicity, and amount, when applied to menstruation and menorrhagia.

Menorrhagia may be distinguished into idiopathic and symptomatic. The idiopathic form we understand to be that which results from an active or passive state of congestion of the uterus, independently of local disease of the organ, having for its foundation some general condition of the physical and mental economy, and, as a rule, makes its appearance at the dawn and close of menstruation. Menstruation, at the dawn, sometimes makes its appearance hemorrhagically at irregular periods for a few months, and then goes on normally afterward. But menorrhagia at this period is not so common as at that denominated "the turn of life." At this period there appears to be a condition set up in the uterus which peculiarly predisposes the subject to the very severest form of menorrhagia. We shall not attempt to account for or explain the nature of those secret changes which are going on in the physical organism at this interesting period, giving rise to uterine hemorrhage without the existence of any discoverable local disease answering as a cause.

The following case is "apropos," as illustrating the foregoing facts:

In the early part of our practice, was called to see Mrs. B., age forty-four, mother of eight living children, youngest at that time three or four years old. Found her almost moribund from uterine hemorrhage, with which she had been attacked only a few hours before my arrival. On digital examination, found the mouth of uterus gaping, open, and completely flaccid; could discover nothing like a tumor, polypus, hydatid, or an ovum, and on inquiry found that she had passed no body of any description, though, as she stated, she had lost about a gallon of blood; neither did she pass any body subsequently. Her menstruation had been at irregular periods for a year past, and more or less hemorrhagic. She had enjoyed almost uninterrupted health during her married life, and had been entirely exempt from those uterine difficulties so common among married ladies, such as leucorrhea and its concomitant affections.

Here was a case of menorrhagia of the severest type, which we believed at the time, and still believe, resulted from an excessively congested vascular condition of the uterus, connected with that peculiarly relaxed condition of fiber and tissue which rules in the physical economy at this period of female life. The patient made a good recovery, by the use of appropriate means (which will be

named hereafter), and now enjoys good health, menstruation having ceased.

Symptomatic menorrhagia, apart from post-partum menorrhagia, has, we may say almost invariably, lying behind it some form of inflammatory or ulcerative process in the uterus, its body, lining membrane, or attachments, which give rise to the symptom, hemorrhage, and does not arise, as has been considered, from a peculiarly inflammatory or sthenic condition of the blood. Our menorrhagic patients are generally anæmics, and not sthenics; their blood, on microscopical examination, will generally be found to be deficient in those vital constituents, an excess of which constitutes the inflammatory and hemorrhagic diathesis. We have said that this form of menorrhagia originates in inflammatory or ulcerative disease of the uterus, and this we notice, *en passant*, must of necessity be of a low order of inflammatory action, as a high order tends to suppress rather than excite hemorrhage. We also notice that this inflammatory process must be more or less circumscribed and superficial, confined to the mucus membrane lining the cavity of the organ and the os externum, in order to the induction of menorrhagia. This form of ulcerative or inflammatory process gets up a most decided sensitiveness of the part, rendering it liable to bleed upon the slightest touch. This may be accounted for when we remember that this local pathological condition is situated within a closed cavity, shut off from those influences which tend to the formation of scab and cicatrices, light and air. There are other causes which may lead to this form of menorrhagia, noted by authors upon the subject, such as severe congestion of the portal circle, with hypertrophy and passive congestion of the liver. We would also suggest, simply as an opinion, that a species of onanism, in practice by a class of men and women who are not desirous of having a family as the result of coition, may be the cause of menorrhagia. The woman lubricates the man, but he fails to deposit in its proper place the compensating lubricant; the resulting friction brings on a condition which is readily followed by menorrhagia. I have treated a few cases which I believed to originate in this practice, which yielded on the exhibition of glycero-tannin and a cessation for a short time from the pleasurable embraces of the parties.

As to the treatment of idiopathic menorrhagia, when developed at the dawn of menstruation, but little, as a general rule, is required. Rest in the recumbent position, with the exhibition of a



cooling laxative, or a mild sedative, will usually serve to control it. But when developed at the menopause, it becomes a more serious affair, and calls for the exhibition of emmenagogues and hemostatics, and even a resort to mechanical means may be justified when other means fail, but not to the use of the vaginal tampon, as recommended by Ramsbotham, in his *System of Obstetrics*, and others. We followed this recommendation in a severe case of menorrhagia, introducing a large cambric handkerchief completely within the vagina, without the least benefit following, more than a temporary damming up of the vital fluid. We may be justified in plugging the os in severe cases, and expect some good results to follow; and we would not hesitate to resort to transfusion when, after due trial, other means fail. But our chief reliance is placed in the different preparations of cinnamomum of the U. S. P. We usually use the oil, in connection with brandy. In our hands it has been eminently successful, not only in severe cases of menorrhagia, but also in post-partum hemorrhage; and we believe it to be the surest, safest, and best of its class. As a remedy to produce uterine contraction in cases of hemorrhage from atony of that organ, it is highly recommended by German authors and pathologists. Van Sweiten asserts that he found the tincture useful in such cases. Plenck says that he had very frequently used it during as well as after labor, and in the non-gravid state, and that he believed it to be as really a specific for uterine hemorrhage as cinchona is for ague. Mersina, Richter, Voght, Sundelin, Werber, speak equally high in its praise. We find, also, such pathologists as Gooch, Rigby, Tanner, and others of the English school, speaking in its praise. M. Teissier has furnished an equally favorable account of the hemostatic virtues of this medicine. After referring to its successful employment by Schmidtman, Frank, and Gendrin, he states that, in menorrhagia depending upon chlorosis or anæmia, it is superior to *all* other hemostatics when administered a few days preceding the menstrual period. This author also says that it is one of the best means of moderating the exhausting hemorrhages caused by cancer of the uterus.

Menorrhagia originating in chronic ulceration or inflammation of the cervix or body of the uterus is usually cured by means adapted to correct that condition. But, as Bennett remarks, "it sometimes persists after the removal of the cause which excited it, owing to there remaining a torpid, languid state of the uterine circulation, giving rise to obstinate congestion.

*Art. III.—Catarrh, and some of its Complications.*

By THOMAS C. HENRY, M. D.

The writer has noticed lately several articles published upon this subject in Western medical periodicals, but the main topic discussed has been that form of the disease known by the name of Ozena. Very little, if anything, seems to have appeared relative to a complication of catarrh with neuralgia. Cases have fallen within the sphere of my practice, where that very distressing and intractible last spoken of complication constituted the more prominent and distressing symptom. The medications here employed have been limited to the use of epispastics and nervines, all of which result in no good.

In almost all these cases, perhaps in all the frontal diseases, one of them seemed involved, and a rhinoscopic investigation determined disease of the turbinated bones.

Now, it is simply impossible, without thorough and appropriate medication of the posterior upper naso palatine portions, to effect a cure. We must rely upon a very carefully conducted and thorough investigation of those parts; first ascertain their real condition, and that must be done by means of the rhinoscopic mirror. This, in contracted mouths and throats, is about a matter of impossibility. In ordinary catarrh, the uvula is found usually much elongated. I have met with cases, however, in which it was not. Those are often the complicated and severer cases. When one frontal sinus only is affected, the disease seems confined to one nostril as a general thing. Now, as to reaching the frontal sinus with the medicated stream, seems to me by no means an easy matter; in fact, I do not believe it is ever done. Fortunately, nature generally manages to relieve herself there. At irregular periods, the patient experiences a very stuffed and aching fullness over one of the temples, seemingly increasing for two or three days, when something seems to give way and a watery secretion, together with hardened clots of nasal mucus is violently ejected; relief follows always, to some extent, for the time. In these severe forms, there is most distressing neuralgia of the face and even the eye on the affected side suffers dimness, at all events the optic nerve appears to sympathize. I may here remark that affections of the pituitary membrane are almost constant in these aggravated cases. The extensive distribution of the ramifi-

cations of the olfactory nerve, especially upon the septum nasi, would show that it must necessarily be involved in the general nasal disease.

Perversion of the sense of smell is sure to follow local congestion of the pituitary membrane. Sometimes this is the precursor of commencing caries, but only in some cases.

*Ulcers of the nasal fossæ.*—The rhinoscopist meet, now and then, with these in the front part of the nose without involving the posterior. These ulcers not seldom exhibit a disagreeable purulent odor. I think I have detected them in a number of cases in acute and protracted disease of the higher portions of the upper nasal passages, when no odor was to be observed in such situation. On the whole, it is, I must say, rather rare to find a well-determined case of *ozena* without some odor coming from high up in the nasal passages, and especially involving the membrane lining the ethmoidal cells. Cases of disease of frontal sinuses often do not exist in *ozena*, when present; these collections of fluid aggravate greatly the severity of the case. When violently and spasmodically ejected, we often observe very hard clots of phlegm streaked with blood. As to disease of the turbinated bones, they often arise from inflammation and attendant periostitis. As to syphilitic nasal disease, it is generally the case that the disease extends to the pharynx. Exudation of purulent fluid, upon examining the throat with the laryngoscope, is very apparent in nine cases out of ten when the disease has existed for as much as three weeks. To be sure the ulceration does not always extend to the pharynx in these cases, but still the turbinated bones pour out pus from their disorganizing substance, and that is viewed in the upper part of the pharynx. Affections of the interior of the nose demand consideration; frequently do they involve the throat and cause very distressing symptoms; on the other hand, throat ailments extend to the nose along the intervening mucous membrane, and, therefore, it is incumbent upon the physician who is in the habit of using the laryngoscope to employ the rhinoscope to make himself familiar with diseases to which he has hitherto been a stranger. It is sometimes well to know the causes of epistaxis. Mr. Ure has stated that in obstinate headache the blood is often poured out by the emissary veins, which have no analogy with the arteries in their distribution, but establish an intimate connection between the nostrils and the cranial veins. Diseases of the heart and liver give rise to epistaxy. Another cause is found by the



rhinoscope from ulcer in the turbinated bones. A case is related, by some English writer, of a lady who incurred disease of the throat which existed for twelve years, caused by parotiditis. Tonsils and uvula were removed; great pain felt in the head and throat, more especially in the frontal sinuses; dark colored discharge from the back of the throat, and appeared to gather in the nose and head; soreness of chest; intense pain in both frontal sinuses; she was treated for neuralgia. Her breathing through left nostril, and not the other showed obstruction; bloody discharges from nostrils, tightness running up to head. On sleeping, she is often partially suffocated during the night. The rhinoscope showed inflammation on the floor of the right nostril with ulceration of a pinkish hue, left nostril healthful. In addition to the other symptoms, physical signs pointed to commencing disease of the chest, such as mucous rales and puerile breathing in the left chest. I have seen in this city a case nearly as severe as this, only physical signs pointed to no chest disease, at least none seemed apparent.

Syphilitic cases of nasal disease are not seldom accompanied with chronic inflammation of the whole larynx, and sometimes the vocal chords participate, with œdema of the false.

Ulceration commonly affects the turbinated bones, but Mr. Ure reports cases where the whole of the nasal bones have proved largely affected. As regards this matter of disease in the nasal passages, is the extension of the inflammation to the upper part of the pharynx, and from thence to the eustachian tube into the middle ear, obstructing the membrana tympani and causing deafness as the result.

However thoroughly nasal diseases may be treated, the tendency to inflammation and subsequent disorganization will be found through the entire subsequent life of the individual. The same observation is equally true of all of the mucous membrane lining the nasal ducts, the eustachian tube, the middle ear, and the pharynx.

In the treatment of ozena, the bichloride of mercury will be found useful; also, carbolic acid as a disinfectant. In number three of the Journal of Ophthalmology and Otology, several instances are reported, in which no trifling harm was effected by the employment of Thadicum's nasal douche. The posterior nasal syringe is by far the safest instrument in treating diseases of the nasal cavities, and sufficiently effectual.

*Art. IV.—A Case of Acute Yellow Atrophy of the Liver.*

By JOHN H. CLARK, M. D., Mechanicsburg, Ohio.

The infrequency of cases of acute atrophy of the liver, with its almost certain fatality, induces me to report the following case, which I conceive to be parallel in essential features, and deserving a record among the few cases reported in American medical literature :

Mrs. S., æt. 38 years, bilious temperament, had usually enjoyed good health, the mother of four children, the youngest three years old, menstruating regularly—now about the catamenial period, but stayed. On the 10th of April ultimo, was attacked with intermittent fever, the first of her life, tertian type, the stages all well marked, which was interrupted after the third chill by antiperiodics. After this she was in apparent good health until May 2d, when she felt the premonitory symptoms of a chill. On the 4th, had a decided chill, followed by fever and the usual sweating stage. On the following day, was very much enfeebled and complained greatly of faintness, with a perceptible jaundiced condition of the skin and eyes. On the 6th, the symptoms being aggravated I was sent for, and saw the patient for the first time, at 12 o'clock mid-day, when the foregoing history was elicited from the husband. I found her completely jaundiced, of ordinary appearance, making great complaint—ever crying out with aching pain in her limbs, more particularly the arms, accompanied with numbness and coldness; nausea and bilious vomiting, pulse hurried and feeble, and a feeling of general prostration, with frequent partial syncope. No acute pain in the head, but a distress with confusion of thought; pupils normal, but a dim, obscured, and indistinct vision; obtuseness of hearing, with peculiar ringing in the ears. Urine freely voided, highly charged with bile; bowels moving from pills taken the previous day, evacuations grumous and tarry. Slight pain and tenderness in the region of the epigastrium and right hypochondrium.

7th. But little change in the symptoms from yesterday, save less pain of the limbs, but slight increase of the cerebral trouble with tremor tendinum; respiration slow and inefficient, pulse increased to 120. The urine is still saturated with bile pigment, depositing a greenish-yellow precipitate.

8th. Early morning, symptoms more aggravated. Up to this

time the patient had been restless, sleeping none for forty-eight or more hours, but now stupor is supervening; increased tremor, stertorous breathing, and convulsive threatenings; pulse 130-140, temperature high, tongue and gums dry and covered with sordes. Upon physical examination the liver is found to be decreased in size, the liver dullness diminished, and the spleen seemingly large. By evening the coma is profound, the patient can not be aroused; the urine voided involuntarily; the icterode condition continuous

9th. The same symptoms and collapsed condition of things present as on yesterday, and thus continuing on until the morning of the 10th, terminating in death, less than four days from the first violence of the attack.

The sectio cadaveris was not allowed, and this I very much regret, as the anatomical appearances are wanting to confirm the diagnosis; however, I have not a shadow of doubt that the liver was very much diminished in size, as toward the close of life it was too evident, on physical exploration, to be mistaken. That there was not complete obstruction of the excretory ducts of the liver and gall bladder was evidenced by the frequent bilious vomiting.

A comparison of the prominent symptoms of this case, as detailed, with the general clinical history of the disease as given by Flint, Niemeyer, Aitkin, and others, gleaned by these authors mostly from the writings of Bright, Graves, Frerichs, and Wilks, typical in the main, decides, in my judgment, the correctness of the diagnosis of *acute atrophy* of the liver. The urine was not examined as to its specified gravity, nor tested for albumen and for its acid reaction, from the fact that the malignant nature of the disease and the imminent danger overshadowing the patient was not comprehended, until, from its rapid course, depression was so great that the urine was discharged involuntarily and not collected.

As to the etiology and pathology of the disease in question, there seems to be great contrariety of opinion, and much written that is merely hypothetical. The question, whether it may ordinarily have a malarial origin, and the finale superinduced by the excessive formation of bile, polocholia, with reabsorption of bile and bile acids producing blood and brain poisons; or the result of inflammatory process, rapidly destroying the tissue elements; or from some other process bringing about such sudden and re-



markable phenomena, coming pathologists may decide. However, in this case, the disease seemed to have been, primarily, idiopathic and of miasmatic origin; but in the second stage, in which, only, I saw the patient, the symptomatic condition was doubtless principally due to the suspension of hepatic function with evident poison, be it uramia, cholesteramia, or what not.

The treatment, upon general principles, was eliminative and sustaining, with but little expectation of good results after the first. In view of a supposed miasmatic origin, and its periodicity with depressed condition of system, I gave quinia, alteratives sparingly, ammonia, and subsequently mineral acids and stimulants.

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*The following incident happened in the court room here (says Dr. Dan. S. Burr, of Binghamton, N. Y.) the other day, and may be of interest to such of your readers as are students of comparative anatomy:*

The case in point was this: Mr. A. sold a colt, as a gelding, to Mr. B., which colt had had but one testicle removed, the other remaining within the cavity of the abdomen. The veterinary surgeon who had castrated the animal was sworn, and, on his cross-examination, stated the following interesting features in the anatomy of the horse:

*Attorney.*—What are, and where are varicose veins found?

*Witness.*—I don't know, but I can tell where the bellicose veins are.

*Attorney.*—Where are they?

*Witness.*—Close to the belly.

*Attorney.*—Where is the scrotum?

*Witness.*—I am not quite certain, but I think that it is the film that covers the teeth during infancy.

*Attorney.*—Have you ever made any examinations in the abdominal region?

*Witness.*—No; all of my examinations have been made in Broome county.

*Attorney.*—That is sufficient.—*N. Y. Med. Gazette.*

*A New Use for Bromide of Potassium.*—Dr. J. Y. Dale, of Lemont, Pa. (*The Georgia Medical Companion*), finds that bromide of potassium will prevent the nausea following the use of opium.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Dr. Thornton* was called to the chair, when the President, *Dr. Comegys*, reported several cases that had recently occurred in his service in the hospital, the first being a case of

## CHOREA.

A case of violent chorea in a girl nineteen years old. It was impossible for her to walk without assistance, or perform correctly any voluntary movements. It was necessary to feed her, and this was done with great difficulty. There were constant contortions of the muscles of the extremities and of the face. She could not talk connectedly, and the mental inco-ordination was nearly as great as the physical. Her tongue was bitten severely. She was seriously anæmic, and had costive bowels. She had missed her menstrual period once, and the speaker thought her in incipient pregnancy. He had asked *Dr. Wright*, the obstetrician on service, to examine her, but he did not give a positive opinion to that effect. It is certain that she was not a virgin. Some fever existed, but it could not be measured on account of the violent movements. The pulse could scarcely be counted, but was above a hundred. The urine was scanty, and of high specific gravity. She was kept in bed with difficulty, and the bed clothing was constantly deranged. During sleep, which was much broken, she laid quiet. The bowels were evacuated thoroughly. Chloral failed to give relief; so also did the use of bromide of potassium and ammonium. After making ineffectual efforts with these remedies, she was put, on the third day, on the use of opium. Twenty-five drops tr. opii were given every three hours, which began to relieve her after the third dose, and at the end of twenty-four hours a rapid amendment was in progress. At the end of the fifth day she was convalescent. As the amendment became manifest, the laudanum was stopped, and she was then placed on fluid ex-

tract of *cimicifuga* and sub. carbonate of iron. On the eighth day she left the house cured.

He regards the pathology in this case, as in many others he had seen, to have its seat in the periphery of the cerebral lobes ; in short, a mental affection, superinduced here, perhaps, by the uterine condition. The mental perturbation could produce violent muscular disturbance and affect the function of co-ordination in, if you please, its great center, the cerebellum. In violent mental states, such as fright, he had known it to produce a very troublesome form of chorea. In presenting the case in the hospital clinic, he had spoken of it, too, as a case of muscular insanity. The girl had had rheumatism, she said, some years past, but no remains of it could be detected anywhere.

The second was a case of

#### DEATH FROM HEART-CLOT.

A man entered the hospital who had had intermittent fever for three weeks. While under treatment, pleurisy intervened with a commencing pneumonia, and within forty-eight hours it was suddenly cut short by a clot forming in the right heart, producing death by apnœa.

The *post mortem* showed a firm, white *ante-mortem* clot closely attached to the chordæ tendinæ and columnar carnea, and extending along the pulmonary artery to its second and third subdivisions. The pleurisy and pneumonia were found ; also, slight granular kidneys, and enlarged, softened spleen. This case is another illustration of the risk of the formation of clots in those who are in anæmic conditions from malarial diseases.

The third case narrated was one of

#### HEMORRHAGIC APOPLEXY.

A man in a comatose state was brought to the hospital, whose breath was strongly flavored by alcoholic odor. The house physician thought it a case of dead drunkenness. When Dr. Comegys saw the case, four hours after admission, the alcoholic odor remained, but the phenomena otherwise convinced him that it was hemorrhagic apoplexy. The pupils were of natural size, and somewhat movable ; slight strabismus existed of left eye. The left side of the face was slightly paralysed, particularly the buccinator, as shown by the puffing respiration. The left arm was flexed and rigid, with violent tremors ; sensibility, also, was nearly



extinct. The left leg was stiffened and extended, but was more sensitive than the arm, and reflex movements were exhibited by pricking with a pin; this also excited movements in right leg. The temperature was 104; pulse 150, and somewhat full and hard; maintenance of urine and feces. He lived twelve hours. Before death, both eyes were strongly drawn to the left. The *post mortem* showed complete filling of right ventricle with blood from rupture of a vessel in right corpus striatum, besides effusion of blood beneath the arachnoid enveloping the cerebellum.

The apoplexy was here coincident with free alcoholic potations, which led the house physician into the error of diagnosis. Dr. Comegys said he had known this mistake made before in the house by an experienced physician. Indeed, so difficult is the diagnosis that no less a distinguished clinician than Dr. Hughlings Jackson had recently written an article on it in the *London Medical Times and Gazette* for April 8.

Dr. Holdt reported a case where he was called to attend a woman in labor. She had been suffering for some hours. The waters had passed. On examination, he found a *pelvis justo-minor*. The pains had become weak, and he decided on using the forceps; and with great difficulty, and after long tractions, brought forth a very small dead child. The placenta not following, he proceeded to remove it. While his hand was in the uterus, he felt, in the left side of its interior surface, a spot which gave the sensation to the finger as the os uteri about the end of the eighth month of pregnancy. He could not succeed in introducing the finger into that orifice-like depression. Through the abdominal walls he felt a body, of the size of an apple, attached to the uterus, and somewhat movable. He presumed it to be a fibroid. The woman being quite well, and a midwife in attendance, he left her. Next morning, about ten hours after delivery, the midwife brought to him a fetus, about three inches in length, connected with its placenta, of the size of a silver dollar, by a cord not thicker than one-twelfth of an inch. The fetus was flattened, as if it had been pressed between two boards; the placenta was in a state of total fatty degeneration.

The tumor that he had supposed to be a fibroid was nothing but uterine diverticle that had been containing that small fetus, and had disappeared after its expulsion. An interesting case, it seems, of twin pregnancy in a *pelvis justo-minor*, which most

probably would have proved fatal to the mother if the twins, or even one of them, had attained its full normal development.

*Dr. Thornton* reported a case of chorea in a school girl, in which he had given, at different times, iron, oxide of zinc, chloral, cimicifuga, and arsenic, all to no effect. The case is now of five weeks' standing, and can not feed herself, can not walk, can not stand; and he would be obliged to some gentleman to suggest some treatment. He had been trying bromide of potassium, which seemed to do some good. There seemed to be some trouble about the heart.

*Dr. Graham* called attention to the hard-worked children in our common schools, as a very frequent cause of chorea and other nervous diseases.

*Dr. Comegys* also made some remarks on the injurious methods of teaching in our common schools, and hoped *Dr. Graham* would bring the subject before the academy in the form of a report.

#### DISCUSSION ON SMALL-POX.

*Dr. Ludlow* stated that he was of opinion that there was no exact rule as yet established as to whether persons were susceptible to vaccination, and cited some cases where he had under his care a family in which small-pox existed at the time a babe was born to that family, and that the child neither took small-pox or vaccination, although he had repeatedly vaccinated the child. He also stated it as his opinion that immunity from vaccination was no proof that the person would not take, or was not liable to small-pox, and cited a case where he had failed to get vaccination after repeated trials, and yet that same child had been attacked with *small-pox* and died; and he further stated that was the opinion of others as well as himself. In reference to the liability of persons to repeated attacks of small-pox, he was of the opinion that once having had it was not positive proof that a person would not take it the second time, and cited cases to prove what he stated. In some cases some persons had had the disease as often as twice and three times: And he also believed that vaccination was as good a preventive of small-pox as small-pox itself was, but no better, and that he did not believe that once vaccinated always protected.

*Dr. Gobrecht* remarked that on another occasion he had urged three objections to the views expressed in the paper. First, was in early burials, and not allowing societies to attend the funerals of those who die of small-pox. He expressed himself as having a

horror of early burials, and thought it useless while we possess such disinfectants as permanganate of potash and chloride of zinc. Second, he thought the statistics unfair in averaging the deaths from small-pox for the old and young alike. Third, he objected to the isolation theory; he thought it positively outrageous to separate these patients from their family and friends, post them off to the pest-house, often doing them more harm by moving than the disease was doing. The speaker cited a case treated by himself at a hotel in this city. The presence of the case in the house created a horror in the minds of the proprietors. He used freely the disinfectants spoken of above, and took his case safely through without another case occurring in the house to his knowledge.

*Dr. Jessup* remarked that he was struck by the remarks made by *Dr. Gobrecht*. From the views expressed by *Dr. G.*, he was led to infer that we have the power to destroy the contagiousness of the disease by the free use of the chemicals named by *Dr. Gobrecht*.

*Dr. Gobrecht* said he wished to be understood as only making these things available. He believed in the protective power of vaccination, and did not wish to be understood as making a positive assertion; he only wished to use such means as we had at hand to prevent the spread of the disease.

*Dr. Walker* inquired if those chemicals would destroy the virus of small-pox.

*Dr. Gobrecht* replied that he would not presume to wash a living patient with chloride of zinc solution.

*Dr. Whitaker* eulogized the paper, and thought it bore evidence of a careful preparation. He thought it generally acknowledged that vaccination was protective. The speaker referred to *Neimeyer*, who did not think it lasted indefinitely, and that persons should be vaccinated at the outbreak of every epidemic. The speaker further stated that he had seen in a French journal a large array of statistics, which went to prove that where parties had been vaccinated, that a second vaccination would not always take.

*Dr. Gobrecht* cited some exceptional cases, as also did

*Dr. Walker*, who cited one case that died from the seventh attack of the disease.

*Dr. Judkins* saw a case in *Roh's Hospital* that had had the fourth attack. Also, another case of a child that was brought there; it was cured of the disease, and left the house. In ten days the child was brought back with malignant small-pox.



The speaker spoke of the fumigation treatment, practiced by the French physicians, wherein they used carbolic acid. The speaker did not think it amounted to anything.

*Dr. Gobrecht* spoke of an obstetrician in one of the hospitals of Philadelphia, having his ward every morning fumigated, by putting carbolic acid on a towel and having it carried and shaken through the ward. There were no puerperal diseases in that ward.

*Dr. Jessup* inquired of *Dr. Judkins* if the use of carbolic acid in small-pox would prevent pitting.

*Dr. Judkins* replied that he had made no experiments.

*Dr. Ludlow* remarked that he had used carbolic acid paste, and the face of his patient was not marked.

*Dr. Judkins* replied that he had had the same result from the use of flour paste.

*Dr. Reamy* said during the winter of 1858, while he was connected with one of the medical colleges of this city, small-pox was communicated to the class from a subject in the dissecting-room. One of the students boarded at the same house with the speaker. This student, a Mr. Anderson, suffered of small-pox confluent; was one of the worse cases he had ever seen. There were from twenty to twenty-five other boarders in the house, men, women, and children. Nothing but an ordinary door, which was kept closed tightly, separated the stairway (up and down which these people passed three or four times daily) from the room occupied by the patient. The speaker vaccinated the inmates of the house after the eruption was out on the student. Not a case of varioloid or small-pox occurred among them.

The speaker stated further that he had passed through three epidemics of small-pox. During one of them, in Zanesville, he had under his personal charge quite a number of cases—some of them among colored people living in rather badly ventilated quarters; it was in the months of July and August.

These patients were visited daily, some two or three times a day. A large practice, some of it obstetric, was attended to at the same time. In one instance he had gone but two squares from a small-pox patient to a lady in labor, attending her without changing his clothing. Indeed, he had never in a single case in his life changed his clothing or practiced any other precaution during attendance upon small-pox patients, other than carefully avoiding contact with anything in the room of the patient. He never, on

any account, sat down or permitted his clothing or any part of his person to touch anything in the room, with the exception of his hands with which he feels the pulse. Immediately on leaving the room he performed careful and thorough ablution with soap and warm water. Whatever the nature of the moleculi conveying small-pox poison, he is convinced that oxygen of the atmosphere, in winter or summer, will in a few minutes destroy or dispel them. They can not hide in the meshes of the garments, unless contact is allowed with the patient or bedding. He had repeatedly gone home to his family with faith in these opinions, and with no other precaution, from the room where a small-pox patient was seething in the foulness of the disease.

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## SIXTEENTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

COVINGTON, KY., *April 4, 1871.*

The Kentucky State Medical Society meeting (in the Baptist Church, on Madison street) was called to order by the President, Dr. W. A. Atchison, the session being opened with prayer by Rev. J. M. Worrall.

After the report of the Committee on Arrangements, and a speech of welcome by Rev. Dr. Worrall, the Committee on Credentials was appointed, consisting of Drs. Beeler of Clinton, Dunlop of Boyle county, Hale of Daviess county, Gaillard of Jefferson county, and Henderson of Covington.

On motion of Dr. Kearns, of Covington, it was

*Resolved*, That the Kentucky State Medical Society appoint a committee to invite the State Medical Society of Ohio (now in session at Cincinnati) to take part in our proceedings.

Committee appointed, consisting of Drs. Kearns, Todd, and Yandell.

The Committee on Credentials then reported favorably on the admission to membership of the following gentlemen:

Drs. D. H. Jessup of Covington, R. H. Thornton of Newport, J. M. Keller, D. S. Reynolds, and W. O. Roberts of Louisville, R. W. Taylor of Hawesville, H. C. Hart of Winchester, A. A. Slaughter of Milburn, S. P. McCoy of Columbus, W. R. O'Neal of Verona,

F. H. Noonan of Covington, P. B. McGoodwing of Princeton, and C. H. Klarenaar of Covington.

The reports of the special committees then being the order of the day, they were called for.

On Effects of Alcohol in the Human System (Dr. D. N. Porter), no report.

On Mineral Waters of the State (Dr. L. J. Frazee), no report.

On New Remedies (Dr. E. R. Palmer), no report.

On Hypodermic Medication (Dr. W. B. Rodman), no report.

On Registration (Dr. S. P. Breckinridge), no report.

A motion was then made to continue the session until 3 P. M., and then adjourn until to-morrow morning. Motion lost.

A motion to adjourn until 3 P. M. was then carried.

#### EVENING SESSION.

TUESDAY, *April 4, 1871.*

A delegation from the Ohio State Medical Society, composed of Drs. Wright, Stevens, Woodward, Dunlap, and Kinhead, in behalf of their Society, invited the members of the Kentucky State Medical Society, to participate in the meeting of their Society, now in session at Cincinnati; the members were also tendered the hospitalities of the Ohio Society at a banquet to be given at 9 P. M., at Hopkins' Hall, Cincinnati.

On motion, the thanks of the Kentucky State Medical Society were returned to the Ohio State Medical Society for their polite invitation.

Report on Gynecology, read by George Syng Bryant, of Lexington, and referred to Committee on Publication.

The Committee on Credentials having reported favorably on the names of Drs. J. N. Long of Newport, J. J. Temple of Covington, and H. F. Barnes, of Louisville, they were elected members of this Society.

Report on Trachoma (Dr. Hale) read and referred to Committee on Publication.

Report of Secretary and Treasurer made and referred to Committee on Finance (Dr. D. N. Carter, chairman).

President's address read and referred to Committee on Publication.

Moved by Dr. Gaillard, and carried, that Drs. Porter, Spillman, and Wise be appointed a committee to consider the best



means for carrying out the recommendations in the President's address.

Dr. Porter moved that Dr. Gaillard be added to this committee, and be made chairman of it.

Moved by Dr. Gaillard, that the voluntary papers offered to the Society be referred to Committee on Publication without reading. Carried.

President appointed Committee on Nominations, as follows: Drs. Spillman of Harrodsburg, Craig of Stanford, McKee of Danville, Keller of Louisville, Taylor of Hawesville, Beeler of Clinton, Thompson of McCracken, Drury of Covington, Mann of Nicholasville, Chipley of Lexington, Carter of Versailles, Porter of Henry county, Rodman of Frankfort.

An invitation having been received from the Trustees and Staff of the Cincinnati Hospital to visit that institution at 11 o'clock to-morrow, it was resolved that the thanks of the Society be tendered the Trustees and Staff, and the invitation be accepted.

It was moved, and carried, that the Society adjourn to meet at 9 A. M. Wednesday.

#### MORNING SESSION.

WEDNESDAY, *April 5, 1871.*

The Society assembled at 9:30 A. M., and after the reading and adoption of the minutes, the Committee on Nominations made their report, which was adopted by the Society:

For President, T. N. Wise, Covington; Senior Vice-President, J. Hale, Owensboro'; Junior Vice-President, Coleman Rogers, Louisville; Recording Secretary, W. B. Rodman, Frankfort; Corresponding Secretary, A. G. Drury, Covington; Treasurer, L. B. Todd, Lexington; Librarian, R. W. Taylor, Hawesville.

#### COMMITTEE ON PUBLICATION.

Drs. S. P. Breckinridge, J. M. Keller, and E. S. Gaillard, Louisville.

It was moved, and carried, that J. K. Bigelow, a delegate from the State Medical Society of Indiana, be invited to a seat on the stand with the officers.

Drs. J. A. Larrabee and J. H. Blair having been reported by the Committee on Credentials, were elected members of this Society.

The Committees on Hypodermic Medication, Vital Statistics, and Botany were discharged.

The Committee on Epidemics was continued.

Report of Committee on Hygiene referred to Committee on Publication.

An invitation from the physicians of Louisville to the Society, to hold their next annual meeting in that city being received, was accepted.

A motion having been carried yesterday referring voluntary papers, without reading, to the Committee on Publication, it was resolved that the reconsideration of that motion be made the special order on re-assembling this evening.

It was moved, and adopted, that three delegates from this Society be appointed to attend the State Medical Societies of Ohio, Indiana, Illinois, and Tennessee.

Motion to adjourn until 3 P. M. was then carried.

#### EVENING SESSION.

WEDNESDAY, April 5, 1871.

Dr. Joseph Smith, of Lexington, by consent of Dr. Keller, of Louisville, offered the following resolution, which, if carried, should be made a by-law of this Society:

*Resolved*, That any member of this Society who has been or shall be expelled, by any local Society in connection with the State Medical Society, for any violation of the code of medical ethics, shall be suspended from membership in this Society, until an appeal is taken, or reversal of decision by said local Society.

Under the rule, must lie over and be read the second day.

Dr. Keller calling for the ayes and noes, the following gentlemen voted in the affirmative: Drs. George W. Thornton, Chipley, Ditzler, Spillman, Keller, Conery, C. Rogers, Hale, Atchison, Gaillard, Temple, Newland, Bryant, Logan, D. W. Yandell, D. N. Porter, Smith, Dunlop, Dougherty, Major, Klarenaar, Blair, Robert Thornton, Henderson, Beeler, Mann, Slaughter, McCoy, Pretlow, John T. Wise, Reynolds, Larrabee, Hart, Noonan, Roberts, Boyd, Jackson, W. B. Rodman, T. N. Wise, and McKee. Noes—None.

Dr. Porter moved that Dr. F. Major, of Hamilton, Ohio, and Dr. P. W. Dryden, of Jeffersonville, Ind., be elected honorary members of this Society. Referred to Committee on Credentials.

Drs. J. N. Chambers, of Independence, and Henry M. Dowell, of Cynthiana, being reported by Committee on Credentials, were elected members of the Society.

It was then resolved to appoint delegates to the American Medical Association, which meets at San Francisco on May 5th.

Dr. Keller then moved that only those who signified their intention of going be appointed as delegates, Carried.

Amendment by Dr. Gaillard empowering the President to appoint in the next two weeks was lost.

Dr. Keller moved that those nominating delegates should vouch that such delegates would go. Lost.

Nominations being now in order, Dr. Chipley nominated Drs. H. M. Skillman and James M. Bush, of Lexington; Dr. Spillman nominated Dr. John D. Jackson, of Danville; Dr. Dunlop nominated Dr. P. B. Goodwin, of Princeton; Dr. Atchison nominated Dr. T. N. Wise, of Covington; Dr. Yandell nominated Dr. Ditzler, of Rockfield; Dr. Jessup nominated Dr. W. W. Henderson, of Covington; Dr. Slaughter nominated Dr. J. W. Thompson, of Paducah; Dr. Keller nominated Dr. Lewis Rogers, of Louisville; Dr. Yandell nominated Dr. Hale, of Owensboro'.

Dr. Atchison offered the following resolution:

*Resolved*, That the papers submitted at the last annual meeting, and not published for want of funds, be referred to the present Committee on Publication. Adopted.

Dr. Gaillard, as chairman of Special Committee, made the following report which was accepted:

The committee to whom was referred the address of the retiring President, have the honor to report as follows: That so much of the address as has special reference to the organization of county medical societies be referred to the Secretary of this Society, with instructions to send short printed circulars to a few prominent physicians in each county in the State, asking them in the name of the State Society to form county medical societies, and have delegates from these societies sent to the next meeting of the State Society at Louisville; the expenses necessary for the printing and distribution of the circulars to be paid by the Treasurer of the State Medical Society; that so much of the address as refers to obtaining a proper registration law be referred to the chairman of the existing committee upon this subject, asking that increased efforts be made to secure the enactment of said law; that so much of the address as refers to the obtaining of a law regulating the licensing of druggists and the efficient and safe dispensing of medicines be referred to a committee on this subject; and the undersigned would suggest the names of Drs. Hugh Rod-



man and E. H. Black, of Frankfort, as a suitable committee for this purpose. All of which is respectfully submitted.

E. S. GAILLARD,  
T. N. WISE,  
C. H. SPILLMAN,  
D. N. PORTER.

Dr. A. J. Beal being recommended by the Committee on Credentials, was elected a member of this Society.

Adjourned to meet at 9 A. M. Thursday.

MORNING SESSION.

THURSDAY, *April 6, 1871.*

Dr. Porter moved that the resolution offered by Dr. Smith yesterday be now read and adopted as a by-law. Motion carried.

Dr. Jackson moved that the Secretary send to each new member a copy of the constitution and by-laws. Carried.

Dr. Porter moved that a committee be appointed to attend the Virginia State Medical Society. Adopted.

The following gentlemen were appointed as delegates to the different State Medical Societies; Indiana, Drs. Hale, Porter, and Rogers; Ohio, Drs. Keller, Jackson, and Henderson; Tennessee, Drs. Atchison, Newland, and Byrne; Illinois, Drs. Noonan, Thompson, and Brown; Virginia, Drs. Gaillard, Bryant, and Spillman.

Dr. Dunlop offered the following resolution :

*Resolved*, That the State Medical Society approve of the action of the American Medical Association in recommending a fee of five dollars for examinations for life insurance. Carried.

Moved by Dr. Jackson, that a committee of three be appointed to select a suitable device and motto for a seal for this Society, to be placed in the hands of the Secretary ; and that said committee be empowered to draw upon the Treasurer for the payment of the engraving of the same. Carried.

Committee, Drs. Jackson, Gaillard, and Spillman.

The following additional nominations were made for delegates to attend the next annual meeting of the American Medical Association at San Francisco: Drs. Paul Rankin, of Georgetown, and L. C. Porter, of Bowling Green.

Dr. Jackson moved, that if the delegation to the American Medical Association be not filled during the session of this Society,

that those members of the Society who may hereafter apply to the President be appointed, until the delegation is filled. Carried.

Dr. Porter moved that this Society recommend to the physicians throughout the State to secure a copy of the Code of Medical Ethics of the American Medical Association. For sale by Wm. Wood & Co., No. 64 Walker street, New York.

On motion of Dr. Spillman, Dr. Jackson read a paper on Medical Office Pupilage, which was referred to the Committee on Publication.

Dr. Porter moved that the thanks of this Society be tendered the railroads and steamboats for their kindness; also, the pastor and congregation of the Madison Street Baptist Church for the use of their church edifice; also, the citizens and physicians of Covington for their kind attentions and liberal hospitality.

The President appointed the following committees for the ensuing year:

#### STANDING COMMITTEES.

On Arrangements, L. P. Yandell, Sen.; Vital Statistics, P. Logan; Obstetrics, W. H. Newman; Epidemics, S. P. Craig; Surgery, R. O. Cowling; Botany, Lewis Kastenbine; Finance, Joseph Smith; Ethics, D. N. Porter; Hygiene, J. D. Jackson.

#### SPECIAL COMMITTEES.

On Registration, S. P. Breckinridge; Resection of the Long Bones, J. W. Thompson; Defects in our Present System of Medical Instruction, and some Suggestions as to Remedying them, C. H. Spillman; Hyperdermic Medication, W. W. Henderson; Ovariectomy, J. Taylor Bradford; New Remedies, Thomas Kyle; Clinical Thermometer, Coleman Rogers; Ophthalmoscope, D. G. Reynolds; General Pathology, E. S. Gaillard.

The Society then adjourned to meet in Louisville on the first Tuesday in April, 1872.

JOHN D. JACKSON, *Recording Secretary.*

W. A. ATCHISON, *President.*

## AMERICAN MEDICAL ASSOCIATION.

The Twenty-second Annual Convention of the American Medical Association was commenced at Pacific Hall, in San Francisco, on the 2d instant. The meeting was called to order by Dr. Stout, of San Francisco, Chairman of the Committee of Arrangements, who introduced the President, Dr. Alfred Stille, of Pennsylvania.

The proceedings of the Association were opened with a prayer by the Rt. Rev. Bishop Kip.

Dr. Stout then at some length welcomed the visitors from other States to California.

After the transaction of some routine business, Dr. Stille delivered the annual address, of which the following is a brief synopsis:

After referring to the first organization of the Association in the city of New York, just a quarter of a century ago, and to the attempt then made by certain selfish and wicked persons to strangle it at its birth, the speaker remarked that when these events took place, California had but recently been brought within the boundaries of the United States, and, almost unknown to those who dwelt beyond her borders, seemed destined to perpetual isolation. The contrast between her then rude state and present wealth and culture, was cited as justifying the anticipation that her future progress would be equally rapid, and that her sons would excel their Eastern brethren in scientific investigation, as her giant vegetation exceeds that of other soils. The advance of medical knowledge beyond the superstition of former days, and the ingratitude of the public toward our profession, were touched upon, as well as the difficulties encountered by the Association in its efforts to hasten the progress of popular and professional enlightenment, and more particularly in its hitherto fruitless endeavors to elevate the standard of medical education. It has been wisely said that "all real reforms in the world must rest upon a sober recognition of the facts of life." Blindness to such facts, in the present instance, must be held accountable for the failure of all the efforts that have hitherto been made for medical reform. One of the facts to which we are blind is, that as a nation we are still immature, and composed of elements so mobile and fleeting, that the population of a place to-day is quite different from what it was a score of years ago, and from what it will be in another decade or two. Hence the idea of fine property, of attachment to localities, of permanent



interests and relations, and especially of transmission from generation to generation of definite systems or principles, is as rare in the United States as it is usual in the old world, where the modifying influences of centuries have been required to mold society into its present form. The minute, extensive, and prolonged studies which are made necessary for the exercise of a profession in Europe, are just as natural to the European state of society as the brief apprenticeship and superficial attainments which we require are in harmony with the rapid development and instability of our social sphere. Even in our oldest cities, where a certain degree of permanence exists in the constitution of society, the establishment of a university upon the European mold would be simply impossible. The very first condition of its success would be wanting, for no candidate for admission to its classes could be found sufficiently skilled in science and letters to enter at once the higher departments of culture in these branches of knowledge. Such an institution abruptly transplanted into our midst would be oddly out of place. We all know how beneficently and peacefully democratic political principles have ruled this country, not only since the Revolution, but virtually from the very planting of the colonies; and we know equally well that the abortive attempts of enthusiasts to build up European republics upon and with the ruins of empires, form the saddest and most instructive chapters of political history. It has been said of nationalities, and it is just as true of scientific professions, that they can not be made to order—"they are not in the nature of manufactured articles at all." They must grow. The idea of development in education is just as natural and as necessary as it is in the growth of an organic being. Systems of education, no more than men, spring full-grown into existence. He showed that nevertheless great progress had been made in medical education, in illustration models, etc., in didactic lectures, and in superiority of the clinical lectures of the present day; and he believed that still greater progress would be made. He then asked: Why, then, is it that although the profession and schools are agreed in the essential principles involved in the problem of medical education, so little should be practically done to solve it? And his answer was, first, the number of medical schools, which rendered unanimity almost impossible. Next, the dependence of the professors upon their class-fees, which, of course, almost compelled them to adopt measures which would attract students to them; next, the reluctance of faculties of colleges

to try any experiments which might, if unsuccessful, permanently injure the college with which they were connected; and, in illustration, he cited the case of a college which had endeavored to insist on a longer term of study, but which was at length compelled by competition to at last relinquish the idea. He hoped, however, for the correction of this evil by natural laws in process of time. The speaker then devoted some time to discussing empiricism and science in the treatment of disease; lamenting the prevalence of quackery, and the lack of protection and encouragement for conscientious, scientific physicians.

Another disease has become epidemic. "The woman question," in relation to medicine, is only one of the forms in which the *pestis muliebris* vexes the world. In other shapes it attacks the bar, wriggles into the jury box, and clearly means to mount upon the bench; it strives, thus far in vain, to serve at the altar and thunder from the pulpit; it raves at political meetings, harangues in the lecture room, infects the masses with its poison, and even pierces the triple brass that surrounds the politician's heart.

To the vulgar apprehension, nothing seems more natural than that women should be physicians, for is not nursing the chief agent in the cure of disease, and who so fit to nurse as women? The logic is worthy of its subject, and is of the sort in which Eve's daughters excel.

That it is the province of women, or, if the popular but deceptive phrase be preferred, that nature destined women to be nurses of the sick, is as certain as that they are intended or fitted to be mothers. That they were also intended to be teachers of the young is not less certain than either. Nor is any of these propositions more self-evident than that if the functions of parturition were always as naturally and easily performed by the civilized as by the savage female, male obstetricians might be dispensed with, and students in our medical schools would have the burden of their studies materially lightened.

But the claim of the midwife to supersede the obstetrician, and bring back the "good old times" when obstetrical science was unknown, rests upon the very narrow foundation of an *if*. Neither gestation nor parturition is so uniformly normal that society can afford to risk the lives of its mothers and infants by abandoning them to the abstract and negative mercies of an *if*.

For a long time upon the continent of Europe midwives have

received a special medical education, and the names of Boivin, La Chapelle, and others among them, testify to the eminence they have gained in this department of medicine. Yet even in France and Germany the law requires that no female shall perform a serious obstetrical operation without the advice and assistance of a physician. In other words, the law recognizes the efficiency of the female practitioner only so long as no conditions arise which involve grave responsibility, and it therefore implies her incompetency to deal with such conditions.

Upon the ground, therefore, of these precedents alone, it may, and, indeed, must be admitted that women who pursue the same studies, and are subjected to the same tests of knowledge as are required of men, have the same legal right as men to practice physic.

The transposition of functions in the moral or in the social world produces an unnatural being who is a satire upon its proper sex, contemptible as man, and as woman odious. The effeminate male and the viraginous female are alike monsters in the social sphere. Certain women seek to rival men in manly sports and occupations, and the "strong minded" ape them assiduously in all things. In doing so they command a sort of admiration such as all monstrous productions inspire, especially when they tend toward a higher type than their own. But a man with feminine traits of character, or with the frame and carriage of a female, is despised both by the sex he ostensibly belongs to and that of which he is at once a caricature and a libel. In every department of active life man excels woman—excels her even in things for which she is esteemed most fit.

In the arts of design, in painting and sculpture, no woman (albeit the artist's career has always been open to her) has ever risen far above mediocrity, while men have excelled women in not a few employments which are regarded as especially feminine. In the art of cooking, for example, no woman ever occupied the first rank, and in more than one capital of Europe male hair-dressers and dressmakers set the fashions in which court ladies and city dames contend for the palm of beauty.

If the views are just which have now been very imperfectly stated, it follows that the right of women to study and practice medicine, and their claims to professional courtesy and assistance should be recognized; but it does not follow that their claim to attend the medical lectures of the schools and hospitals should also



be admitted. These institutions have hitherto been devoted to the instruction of males alone, and if the students in them complain that their instruction is curtailed and their privileges abridged, and their rights infringed by the presence of women; and if the teachers find their liberty of speech and illustration restrained, their presence of mind disturbed, and their sense of decency shocked by female spectators, it needs no argument to prove that the interests of those who constitute nine-tenths of every medical class should be first of all considered, even if it led to the total exclusion of the remaining tenth.

The concluding portion of the address was devoted to a much needed warning against the too free administration of alcoholic stimulants.

The reports of committees were rather conspicuous by their absence, as the subjoined list will show :

On Cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, chairman. Committee reported progress, and was continued.

On Inebriate Asylums—Dr. C. H. Nichols, District of Columbia, chairman. No report.

On Institutions for Inebriates—Dr. Joseph Parish, Pennsylvania, chairman. No report.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pennsylvania, chairman. Committee continued.

On Vaccination—Dr. Henry A. Martin, Massachusetts, chairman. Continued.

On the Comparative Merits of Symmes' and Pirogoff's Operations—Dr. Geo. A. Otis, U. S. A., chairman. No report.

On Lithotrity—Dr. E. M. Moore, New York, chairman. No report.

On Veterinary Medicine—Dr. S. D. Gross, Pennsylvania, chairman. No report.

On Protest of Naval Surgeons, etc.—Dr. W. S. W. Ruschenberger, U. S. N., chairman. Dr. Pinkney, against whose views the protest was directed, was, after considerable discussion, allowed to read his answer. A motion was made to refer both protest and answer to the committee on publication, but they were finally, by a majority vote, laid on the table.

Committee on National Medical School—Dr. Francis Gurney Smith, Pennsylvania, chairman. Report received and referred to committee on publication.

On American Medical Association Journal—Dr. James P. White, New York, chairman. No report.

On Criminal Abortion—Dr. D. A. O'Donnell, Maryland, chairman. Received and referred.

On Nomenclature of Disease—Dr. Francis Gurney Smith, Pennsylvania, chairman. Granted further time.

On National System of Quarantine—Dr. J. C. Tucker, California, chairman. Passed for the time; will be called for again.

On what, if any legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, New York, chairman. Continued.

On Renewal of Prescriptions by Apothecaries without authority—Dr. J. O'Sullivan, New York, chairman. No report.

On American Medical Necrology—Dr. C. C. Cox, District of Columbia, chairman. Continued.

On Medical Education—Dr. Ely Geddings, South Carolina, chairman. Report forwarded with a letter, in which Dr. Geddings says he "neither expects nor hopes for any good" from his report. The report was made the special order of business at eleven o'clock the next day.

On Medical Literature—Dr. P. G. Robinson, Missouri, chairman. No report.

#### REPORTS ON CLIMATOLOGY.

Maine, Dr. J. C. Weston, no report; New Hampshire, Dr. P. A. Stackpole, no report; Massachusetts, Dr. H. I. Bowditch, no report; Rhode Island, Dr. C. W. Parsons, no report; Connecticut, Dr. J. C. Jackson, no report; New York, Dr. W. F. Thomas, reported progress; New Jersey, Dr. C. F. J. Lehlbach, no report; Pennsylvania, Dr. D. F. Condie, no report; Maryland, Dr. C. H. Ohr, no report; Georgia, Dr. Juriah Harris, no report; Missouri, Dr. F. E. Baumgarten, no report; Alabama, Dr. R. F. Michel, reported progress; Texas, Dr. S. M. Welch, no report; Indiana, Dr. J. F. Hibbard, no report; District of Columbia, Dr. T. Antisell, no report; Iowa, Dr. J. C. Hughes, no report; Ohio, Dr. T. L. Neal, no report; California, Dr. F. W. Hatch, report ready, referred to appropriate section; Tennessee, Dr. B. W. Avent, no report; West Virginia, Dr. E. Hildreth, reported progress; Minnesota, Dr. Chas. N. Hewitt, report ready and referred; Virginia, Dr. W. O. Owen, no report; Delaware, Dr. L. P. Bush, continued; Arkansas, Dr. G. W. Lawrence, reported progress; Mississippi, Dr. J. P. Moore, re

ported ready and referred; Louisiana, Dr. S. M. Bemiss, no report; Wisconsin, Dr. J. K. Bartlett, continued; Kentucky, Dr. L. P. Yandell, Sen., continued; Oregon, Dr. E. R. Fisk, continued; North Carolina, Dr. W. H. McKee, no report.

## SECOND DAY.

The Committee of Arrangements reported a list of duly accredited delegates to the number of nearly two hundred.

After some discussion concerning the admission of members by invitation from districts already represented in the Association, which question was finally settled in the negative, Dr. Yandell proceeded to read the report on Medical Education forwarded by Dr. Geddings.

Dr. Toner objected to the report on the ground that it was signed only by one member of the Committee.

The Chair decided the point not well taken.

An appeal was taken, and the decision of the Chair sustained.

Dr. Yandell proceeded to read the report, which is a pamphlet of thirty-nine printed pages, but before he had concluded its reading Dr. Gibbons moved that the further reading be dispensed with, and referred to the Committee on Publication, which motion, after a lengthy discussion, prevailed.

Dr. Gibbons, Sen., moved that the vote be reconsidered whereby the Committee on Vaccination was continued for another year, and that its chairman, Dr. Henry Martin, be removed, for the reason that he had written a communication to a homeopathic journal in Massachusetts, attaching to it his official signature.

Dr. Storer suggested that the matter be referred to the Committee on Ethics.

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment that a committee of three be appointed to prefer charges against the gentleman. It was finally resolved to refer the matter to the Committee on Ethics, which was then appointed by the Chair, consisting of Drs. Gibbons, Davis, Smith, Toner, and Parsons.

On motion of Dr. Stout, it was resolved to refer all questions implying accusations to the Committee on Ethics without discussion.

Dr. Logan presented a report from the Committee on Prize Es-



says, who state that they had received five essays, and that they award the first prize to E. R. Taylor, of Sacramento City, for his essay on the "Chemical Constitution of the Bile," bearing the motto: "*Divide et impera.*"

The second prize was awarded to B. M. Howard, of New York (winner of the first prize last year), for his essay on "The Direct Method of Artificial Respiration for the Treatment of Persons apparently Dead from Suffocation by Drowning, or from other Causes." Motto: "*Festina lente.*"

The report was adopted, and the Committee requested to hold all essays at the disposition of the authors.

Dr. Davis then presented a lengthy report from the Committee on Legislation and Correspondence for action, and submitted the following resolutions, which were adopted:

*Resolved*, That each State and local Medical Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the committee appointed for that purpose, or a degree from some literary college of known good standing.

*Resolved*, That a more complete organization of the profession in each State is greatly needed for the purpose of affording a more efficient basis both for educational and scientific purposes.

*Resolved*, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all medical colleges charge \$100 as the fee for a course of lectures, and that a forfeiture of this rule shall subject such college to no representation in the Convention. After a protracted discussion the resolution was voted down, on the ground that quality of education does not depend on price.

#### THIRD DAY.

In the absence of Dr. Stille, the chair was taken by Dr. Henry Gibbons, Sen., of San Francisco.

The reports of the Committee on Publication and of the Treasurer were received, the latter announcing a balance on hand of \$704.32, and reiterating the annual appeal that the Association

exercise economy in referring matter not of real value to the Committee on Publication.

The Librarian's report shows no material addition to the 339 volumes which formed the stock of the library last year, except in the accumulation of medical periodicals.

A report was received from Dr. J. C. Atlee, delegate to the Association of Medical Superintendents of Institutions for the Insane, and an address from Dr. Kirwin, the representative of that Association.

Dr. Storer said that at a previous meeting the question of having the Association devoted specially to the treatment of the insane meet in closer relations with the American Medical Association was discussed, and the sense of the meeting always favored the "close relations." He would then offer the following resolution :

*Resolved*, That the Association of Superintendents of Institutions for the Treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two Associations should be held at about the same time and at the same place.

Adopted.

The report of Dr. Pinckney, U. S. N., on Naval Medical Affairs, submitted last year, was presented and referred to the Committee on Publication, as was also a report by Dr. Barber, of Yreka, on fracture of the neck of the femur in a child seven years old.

The Chairman of the Section on Materia Medica and Chemistry, Dr. Yandell, reported having received a valuable paper from Dr. Gibbons, of Alameda, entitled *The Botany of the Pacific Coast*. The paper was accompanied by one hundred and eighty specimens of indigenous plants, etc., and would certainly be considered a valuable contribution to the science of medicine.

The Committee moved that the paper be referred to the Committee on Publication.

Dr. Gibbons arose and requested that the recommendation of the committee be withdrawn. The paper was not complete—not as perfect as he could make it by additional work.

On motion, a vote of thanks was passed, and the paper returned to its author for completion.

Dr. H. R. Storer, of Massachusetts, presented a verbal report of his visit to the Canadian Medical Association, highly eulogistic of the culture and ability of our Northern brethren.

The Committee on Nominations presented the following list of officers for the ensuing year:

President, Dr. D. W. Yandell, of Kentucky; First Vice President, Thomas M. Logan, of California; Second Vice President, C. L. Ives, of Alabama; Third Vice President, R. M. Mitchell, of Alabama; Fourth Vice President, J. K. Bartlett, of Wisconsin; Assistant Secretary, D. Murray Chester; Librarian, F. A. Ashford, of Philadelphia; Treasurer, C. Weston, of Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis, the report was accepted, and the officers unanimously accepted.

Under the head of unfinished business, an amendment to the Constitution, offered at the last meeting of the Association by Dr. Hartshorne, of Philadelphia, was taken up for consideration.

The proposed amendment is embodied in the following resolution:

*Resolved*, That the Constitution shall be so construed as not to exclude delegates from Female Colleges.

Dr. Harding, of Indiana—I move the adoption of that resolution, and would like to make a few remarks pertinent to the question which is termed vexatious. It has been before this Association repeatedly year after year, and the time has now arrived when it should be definitely settled. I can see no good reason why females should not be allowed to practice as physicians—can see no good reason why, when practicing physicians, they should not be admitted to this Association as delegates—when qualified. They have arrived at that point when their professional ability and zeal can not be ignored, even by those who claim to have the least respect for them. You all realize the necessity for taking action in this matter, and that speedily; for your professional duties have brought you more or less in contact with female physicians. These women have combated against all opposition; have overcome nearly every obstacle thrown in their path, and now simply ask a recognition from us—a mere recognition of them as physicians and not interlopers. Gentlemen, you can not give them the cold shoulder; such a course would be entirely inconsistent with the profession in the estimation of intelligent, right-minded people. You can not shift the responsibility of the occasion by placing the question in a false position, even were any of you disposed, but must consider it impartially. With me it is not simply “Shall we admit the women as delegates,” but



"Is it not for the interest of the profession to aid them in every possible manner?" Suppose that we refuse their applications, what may be the result? Instead of harmony in the profession we shall have strife, and the legitimate practice of medicine will be endangered. If we refuse the women admission we shall drive them into homeopathy, etc. Let the women come in, open the colleges to them, dash down the barriers, and all will be well. [Applause.]

Dr. Davis, of Illinois—I hope that the question will not be disposed of until the Association understand its full meaning. What does the proposed amendment mean? Gentlemen, it means that the delegates from female colleges—whether male or female—are eligible to become members of the Association. Thus far they have sent a male representative, but if we adopt this proposed amendment the door will then be thrown open to females, and these females will undoubtedly come in. But pause and think for a moment. Has the time come when you are willing to throw aside all distinction as to sex? Will that time ever come? Is there no difference between the sexes? And are we to forget all distinction because of popular clamor? I make no comparisons as to the merits of the relative sexes for the medical profession; but I say, gentlemen, "Let the female remain in her sphere, and I will remain in mine." [Applause.] I will say to her, "You no more can do the work designed for me than I can do the work designed for you." Woman has her sphere; man has his sphere, and the assumption that woman rises when she unsexes herself I claim to be erroneous. But if we are to admit of the change; if woman is to step into every profession, then she will take the shape, the plan, and the rough work of man—who will admit such work to be within her sphere? The Creator has given the sexes distinctive features, and intended us for different spheres. This fact is unmistakable. Woman, pure woman, may be a power in the land—in her sphere. Then let her not mistake her sacred mission as wife and mother, as the light of the household. Let us not yield to the cry of "Woman's Rights," as now construed. I have had women at the clinical basin, stripped a patient before them, made examinations and remarks, conducted myself with the same freedom which characterizes the ordinary clinic, conversing about the case and explaining all its important points. But, gentlemen, after all my experience I am more fully convinced

than ever that it would be better for these women if they remained in their sphere. [Applause.]

Dr. Donahue, of Ohio—I move that the resolution be tabled.

The motion was withdrawn.

Dr. King, of Pennsylvania, made an able, elaborate address in behalf of the amendment. Not being a speaker, he did not propose to say much, but he wanted the question settled. In his own local society the question had been defeated and defeated year after year, and it was getting troublesome. It was beneath the dignity of an association of learned, scientific men to war with women. [Hisses.] If they must exercise their bellicose propensities they should enlist under General Crook to fight the Apaches. Gentlemen had talked about the sphere of woman. Would these gentlemen be a little more explicit in their definition of the meaning of the word sphere. Perhaps they would take India for their standard—where the women were treated as brute animals—

“Doomed by the law of man to toil,  
Yoked to the plow and fettered to the soil.”

Let them assist in lifting up woman—if they considered her degraded. Some gifted minds had handsomely termed her “the ministering angel.” That sounded well, smacked of euphony; but, according to their definition, it was not practical enough. Could she not be a ministering angel and also a physician? Oh, no! she lacks the intellectual capacity for such a purpose. She is weak and silly, and can not grasp the science of medicine. “We have the intellect; we can grasp,” said the speaker. Why, he had examined the records of the Female College of Philadelphia, and knew what he was talking about; knew that the women had made rapid strides in the profession, and that many of them were skillful practitioners. If it was consistent with the Code of Ethics, and he believed such to be the case, the women should certainly be admitted to the Association. As the case now stood, a member of the medical association could not recognize a female as a member of the profession; could not consult with her. If he was summoned and found a woman had charge of the case, what could he do? According to the law of the Association he must say to her, “Walk out of this house and let me take exclusive charge of this case.” The speaker would rather remove his right arm than perform so mean an act. As the case now stands he could not consult with the President of the Association, the eminent Dr.

Stille, and this because the Doctor was consulting physician in the Philadelphia Female Medical College. Under the present *regime* if the Association consulted with its President it stultified itself. [Applause and hisses.]

Dr. Henry Gibbons made a brief speech upon the question. He favored the amendment; believed that women had a perfect right to practice medicine, but did not think mixed colleges healthy. He believed that his residence upon the verge of the Continent, away from the turmoil and strife over the woman question in the East, qualified him to consider the matter dispassionately. He was astonished at the course of his old friend Dr. Davis, and the *ad captandum* argument he presented. The question being one of vital importance, demanded serious consideration at the hands of the members.

Dr. Johnson, of Missouri, opposed the amendment. He contended that women should organize their own associations and manage their own affairs. His remarks were listened to with attention and warmly applauded.

Dr. Atlee, of Philadelphia, favored the amendment, making an able speech in its behalf.

A. L. McArthur, of Illinois, favored the education of women for physicians, but was opposed to the amendment. The idea of the two sexes operating at the same dissecting table was revolting. [Applause.] The speaker also opposed the mixture of the sexes in colleges.

Dr. Thomas, of Pennsylvania, the delegate from the Woman's Medical College, stated that the ladies whom he represented had no desire that the sexes should be educated in common. No male students were admitted to their college or to their hospital. Their object in applying for recognition from the Association was simply to avert the unfairness and illiberality with which they have been treated by medical societies. In some places respectable members of the profession dare not consult with women. In the speaker's own city the County Medical Society established this rule, and it was afterward adopted by the State Society, visiting with expulsion any member who should even consult with a man who met women in consultation or taught them medicine. Members of the Pennsylvania Society dare not consult with Dr. Stille, the President of the Association. In some other States the situation is nearly the same. Dr. Thomas' constituents were called to attend difficult cases, and desired, like every practitioner, to have con-



sultation ; but they were not only refused consultation, but injured in the estimation of their patients by having it said that their diplomas were not recognized by the Association. He would like their graduates of the past year to be put through the same examination as the graduates of other colleges, to decide whether or not they were fitted for equal rights in the profession with men. The speaker then cited the names of distinguished physicians in New York and Boston who are in daily association with women as consultants or teachers.

Dr. Moore, of Massachusetts, had no objection to women in the abstract, but did object to admitting them into the Association. They might have an association of their own if they wanted to ; and he therefore moved that the whole subject be indefinitely postponed.

And on vote being taken, indefinitely postponed it was.

#### FOURTH DAY.

The following excellent resolutions (which it is safe to assume will remain dead letters) were offered by Dr. T. M. Logan and adopted :

WHEREAS, The science of hygiene and its corollary, preventive, or State medicine, are subjects eminently congenial with the purposes of this Association, inasmuch as they have for their objects the preservation of human life, and the removal of those causes of disease and death which it is in the power of legislation to ameliorate, if not eradicate ; and whereas, the great fundamental idea that was made the prominent element for medical association, and that led eventually to our national organization, was a higher standard of medical education ; and whereas, the present system adopted by our colleges provides more and more satisfactorily for the thorough qualification of the graduate, as regards the principles and practice of his art, but does not provide at all adequately for the special duty and cultivation of questions of State medicine ; therefore, be it

*Resolved*, That this Association recommends a distinct and separate chair of hygiene, independent of physiology, to be established in all our medical schools, and constituted a requisite curriculum preliminary to that diploma which confers one of the highest honors of the profession.

*Resolved*, That the inauguration of the enlarged philanthropic policy of State medicine in Massachusetts and California is worthy of our special approbation, and commends itself to other States for imitation ; and therefore, the President of this Association is hereby authorized to nominate at this session a committee, consisting of one physician from each State in the Union, to memorialize the Legislatures of all the States to follow the examples of one

of the oldest, most enlightened, and conservative, as well as one of the youngest, most progressive, and enterprising members of our glorious confederacy, who have led off in the right way and at the right time for the prevention of disease and the correction of "those multitudinous agencies, whether physical, whether moral, whether born of earth, of air, or of society, which are either openly or insidiously degenerating the human race."

*Resolved*, That this Association further recommends that initiative steps be taken, as soon as six States shall engraft State medicine upon their statute books, for the formation of a "National Health Council," whose objects shall be the prosecution of the comparative study of international hygienic statistics and the diffusion and utilizing of sanitary knowledge; and that said Council shall be aided and assisted by this Association in using whatever influence may legitimately lay in their power, with foreign States, as well as with the medical profession and the people generally, in securing co-operation in the ends and objects of public hygiene.

*Resolved*, That said National Health Council, although thus organized as a branch *per se*, shall be auxiliary to this Association, and shall constitute a special section on hygiene, to which all questions germane to this department of medicine shall be referred. "Only," to use the language of the great Virchow, "by thus working harmoniously together, by thus mutually enlightening each other, will the State gain an organ to which may be safely intrusted the solution of the great question of our time, viz: bodily and mental health and development of future generations."

After the adoption of a list of officers of sections and committees for the ensuing year, Dr. O'Donnell, of Maryland, presented resolutions strongly condemnatory of abortionists, which were adopted.

Surgeon J. M. Browne, U. S. N., returned thanks on behalf of the Naval Medical Staff for the aid extended to them in the recent contest with the Line.

Dr. McArthur moved that Dr. Toner be requested to furnish to the Association a list prepared by him comprising the names of 60,000 American practitioners.

Dr. Atlee offered the following resolution:

*Resolved*, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the Code of Ethics of the Association is observed.

Dr. Storer protested against a revival of the discussion on this topic.

Dr. Johnson favored the resolution, which was intended merely to enable the physicians of Pennsylvania to consult with women and with the President of the Association.

Dr. McArthur said that the Code of Ethics of the Association

did not prohibit consultations with women, and that the proposed resolution was therefore a work of supererogation.

Dr. Gibbons insisted that there was much occasion for action when the President of the Association stands in the preposterous attitude of a man tabooed from consulting with members of the State Society.

Dr. Storer moved to lay the resolution on the table. Lost.

Dr. Davis thought it was a question only of tweedledum and tweedledee.

Dr. Cole moved an adjournment until eight o'clock P. M., which was carried.

#### EVENING SESSION.

Dr. Storer opened the debate by stating that he had for several years been associated with female physicians, and become convinced that the best portion of the community have less confidence in female than in male practitioners. Granting that some women may have ambition and ability to attain the same professional education as men, their condition varied from month to month, and the average woman was inferior to the average man in the matter of judgment.

Dr. Atlee said that before the obnoxious regulations were passed in Pennsylvania, he had met with female physicians, and had therein felt more elevated perhaps than with the majority of male physicians with whom he had associated. If women were inferior to men we had nothing to fear. It sometimes looked to him as if some men were afraid women would take away their practice. Humanity demanded that we should aid a female as well as a male physician who has a difficult case and asks a consultation.

Dr. Jones, of Ohio, followed in a similar strain, as did also Dr. Gibbons, Sen., whose remarks were met with hisses and other manifestations of superior intelligence and good breeding of male practitioners.

Dr. Stille wished to correct some errors which had been advanced in the discussion. He said :

“A statement that has been made through inadvertence is that the Society—by which is meant, I presume, the Medical Society—the Societies of Philadelphia have enacted a law forbidding their members to consult with female practitioners of medicine. Now that is not a correct statement. The County Medical Society has passed resolutions of that sort. But there is another Society in Philadelphia, which has existed for more than a hundred years,



and which is known to many of the members of this body as the College of Physicians of Philadelphia, the oldest Society of the kind in the country, and which includes all that is eminent, all that is renowned, all that is useful in the medical profession, and excludes all that have not some decided professional claim to membership. Now that body decided, when this question was brought up, differently from the County Medical Society. It turned it out of doors, and left everybody to do as seemed good in his conscience. So it should be understood that in Philadelphia it is only a particular Society—the County Medical Society—and not the College of Physicians of Philadelphia, that has adopted such an illiberal course. I have the honor to be one of the members of that College of Physicians, and one of the censors of that Society, an office which I have held, if I remember rightly (after having had the honor of being President for eight or nine years), certainly for seven years. I am familiar, therefore, with all that has been done upon this question in the County Medical Society, because it was likely to come before the Board of Revision to which I refer; and not a single member of that Society has dared to test the question before the Board of Censors. They have passed in the Society a resolution condemning the consulting with female practitioners, and there they have stopped. If I may speak for myself, I will say they have known that I have done so, and others whose names, if I were to mention them, would be familiar to the ears of all of you, have consulted with female practitioners. Some of those gentlemen, when they found they were acting in opposition to the rules of the County Society, withdrew from its fellowship, and others did not hesitate to consult with female practitioners and defied the Society to enforce its rule. I repeat that it is only the Philadelphia Medical Society which has adopted such a rule, and it is a question upon which the Board of Censors has never been called upon to pronounce.”

Dr. Atlee asked if the College of Physicians was represented in the State Medical Society, and being answered in the negative, said:

“The County Society, and not the College of Physicians, then, is represented in the State Medical Society; as the College of Physicians consists of the more respectable members, and a greater number of them than the County Society, it should be represented in preference. I believe that is the fact. And yet this County Society being represented, the State Medical Society puts a ban

upon any physician who consults with a female practitioner; while the College of Physicians, the most respectable body in Philadelphia, perhaps the most respectable in the United States, as the President tells us, leave that matter to the Code of Ethics. The County Medical Society, the inferior body, so read the Code of Ethics as to prohibit any man from consulting with them. It is under this state of facts that we call upon this body for relief. I am a member of both the County Society and the College of Physicians, and I feel that I am authorized to state that it is only by the action of the County Medical Society, an inferior organization, that we are placed in this predicament, from which we ask relief."

Dr. Wetherly advised non-interference, and moved the indefinite postponement of the resolution, which motion was carried.

Dr. Storer then moved that the Association express its dissatisfaction with the course of gentlemen who set at defiance the regulations of their local and State societies in such matters, which was also indefinitely postponed.

Votes of thanks were passed to the officers of the Association, to railway companies to individuals, and organizations, for courtesies extended; and after some highly appropriate remarks by Dr. Davis concerning the pleasantness and good feeling existing throughout the session, the Association adjourned.

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## UNION MEDICAL ASSOCIATION OF NORTH-EASTERN OHIO.

AKRON, OHIO, *May 23, 1871.*

Association convened in the office of Drs. Chase and Underwood, of this city, on Tuesday, May 9th, President Wm. Bowen, M. D., in the chair. This was the second regular meeting of the second year of the society, which now numbers forty members, and bids fair to be a flourishing organization. The attendance was larger than at any previous meeting, and harmony and good feeling prevailed. The Lecturer and Essayist for the occasion being absent, those exercises were necessarily omitted. The discussion of the pathology and treatment of typhoid fever was spirited and interesting, the members generally giving their views of the subject.

Dr. Price, of Randolph, Portage county, was appointed Lecturer for the next meeting, with Dr. Belding, of Ravenna, Portage county, as alternate.

Dr. Underwood, of this city, was appointed Essayist, with Dr. Greenlee, of Ravenna, alternate. The derivation of blood, its therapeutic value, and best means of accomplishment, was the topic chosen for discussion.

It is the object of the Association to embrace within its limits all the counties of North-Eastern Ohio, and thus found a society which shall be auxiliary to the State Medical Society, and by so doing reach many of the profession which that organization, although doing a good work, fails to bring within its limits.

The Association meets quarterly, viz: on the first Tuesday of February, second Tuesday of May, first Tuesday of August, and first Tuesday of November.

The Association adjourned to meet in Akron on the first Tuesday of August at 10 A. M.

The co-operation of all members of the regular profession throughout North-Eastern Ohio is earnestly asked, that the Society may be made a permanent and working organization.

WM. BOWEN, *President*.

L. S. EBRIGHT, *Recording Secretary*.

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*Pulsations of the Fetal Heart and the Sex of the Child.*—In an interesting statistical paper, read before the Obstetrical Society of Edinburgh, Dr. J. Cumming states: "When the pulsation varies from 120 to 140, the probability is that the fetus will be a male; and when the pulsation varies from 140 to 160, the fetus will likely be found to be a female. But there are some exceptions to these facts. In three cases in which the pulsation was from 150 to 160, the fetus proved to be a male; and in fifteen cases in which the pulsation varied from 116 to 138, the fetuses were found to be females. It therefore appears that there is less frequent variation in the pulsation in the male fetus than in the female; or rather that there are fewer cases in which the heart's action exceeds 140 in the male than that it falls below that number in the female."—*Edinburgh Medical Journal*.



## Hospital Reports.

### REPORTS FROM CINCINNATI HOSPITAL.

#### *A Case of Puerperal Convulsions.*

Reported by L. WOLFE, M. D., one of the Resident Physicians of the Cincinnati Hospital, with a Clinical Lecture by Prof. M. B. WRIGHT.

*May 3.* Lena Lust, aged twenty-one; married; housewife; primipara. Health has been ordinarily good during utero-gestation, except toward its close, having been subject to headache at that time pretty often; has been able, however, to attend to ordinary household duties. Menstruated last in October, early in the month.

Labor began about three o'clock A. M. on the 3d, and she was brought into the hospital at about half-past eight A. M. Conversed with nurse at that time, and complained of headache in addition to her labor pains, and said that she had been unable to see since her pains began. An examination revealing the os to be but little dilated, a warm bath was permitted her. Her imperfection of vision was then made manifest to the nurse by her being unable to see the bath tub when brought to it. The os fully dilated and the membranes ruptured spontaneously in an hour after return to bed. Was doing very well, the pains, however being weak, and not accomplishing much until nearly ten A. M., when, after some moments of quiet, she was suddenly seized with an epileptoid convulsion, the mouth being drawn up, and to the right; eyes rolled to the right; frothing at the mouth; tonic and clonic convulsions of the limbs; pupils contracted; all being preceded by an epileptic cry. This lasted for about one minute, and was succeeded by stupor and unconsciousness; pupils dilated, and face congested. No convulsions now occurred for half an hour or more, the pains in the meantime, however, being very weak, and the head not advancing any. At about half-past ten A. M. she had two convulsions in quick succession, similar to preceding ones. The head being now in the pelvic cavity, near the inferior outlet, the forceps

were applied, and delivery effected in about three minutes. The placenta was delivered immediately; good uterine contraction ensued. After delivery, she continued to have convulsions throughout the day, at intervals of fifteen or twenty minutes, seeming to recur with the after-pains, toward evening being somewhat rational between them, giving a monosyllabic answer when repeatedly questioned. Chloroform was given during each convulsion, with the apparent effect of abating their severity and lessening their duration to a limited extent, not, however, lessening their frequency in recurrence. At one P. M., she was given, per rectum, an injection of ol terebinth, ol ricini, assafoetida, and soapsuds. No stool following, it was repeated at five P. M., and gtt. 4 ol tigllii given by the mouth. Bowels not moving, 4 gtt. more were given at seven P. M.; and this producing no evacuation, 4 gtt. more at ten P. M., and the injection repeated: Up to this time, had twenty-five convulsions; pulse ranged all day from 100 to 120, with some volume, but soft; skin warm.

*May 4.* Had thirteen convulsions during the night; bowels moved, but not freely; is extremely restless, tossing about almost constantly, and giving utterance to a prolonged cry every little while; cheeks flushed deep red; lips and teeth covered with sordes; pupils dilated, and freely movable; face wears an anxious, tired, and suffering expression; pulse 140, soft, but quite full; skin hot; lapses frequently into profound sleep, or coma, with closed eyes and stertor, awakening at intervals, and tossing about the bed; will not answer when spoken to. Ordered gr. 20 potass. bromid. every hour, and five leeches behind each ear.

Has had five convulsions to-day; not conscious between them; has been in same condition as noted above all day; expression of face becoming quieter and better toward evening; had one small stool; pulse 120 in the evening, skin cooler; at ten P. M. had become very restless, rolling and tossing about all the time; hands, feet and legs quite cold; pupils dilated and sluggish; pulse 120, very thready; quite unconscious; presented the appearance of one having but a few hours to live; ordered sinapisms to legs and arms; secretes a fair quantity of dark-colored urine; on testing it, find a free deposit of albumen. Patient has no anasarca of limbs or œdema of face.

*May 5.* Was restless through the night until nearly morning, when she became quieter and fell asleep. Had three hard convulsions in the night. This morning lies quietly for a time,

breathing with stertor, and then arousing and tossing about the bed; when lying still, can be easily aroused by a touch; face calm; lips, teeth, and tongue covered with dry, brown sordes; tongue apparently much thickened; mouth dry; pupils moderately dilated and respond to light; extremities and surface warm; pulse 125, soft, but tolerably full, and has more tone than yesterday. Ordered emp. cantharis applied to each arm. Very little congestion of face; secretions have a sweetish, cadaveric odor. Remained in this condition all day, until about four p. m. After an unusually long sleep, she suddenly woke up and complained that her arms hurt her (cantharides had blistered her), and answered tolerably rationally questions put to her. Her husband coming in soon after, she recognized and spoke to him. Now, for the first time, gives evidence of vision. Since then has answered at times rationally, but is not yet perfectly clear. Pulse in the evening 120; restless, but breathes quietly; surface warm; face looks natural; sat up in bed for a moment and drank some coffee, and, after much persuasion, drank a little beef essence.

*May 6.* Nurse reports that she was restless and noisy all night, screaming out frequently at the top of her voice, until near morning, when she fell asleep and slept quietly several hours. This morning is perfectly quiet and easy; says she suffers none; pupils natural; cheeks a little flushed; pulse 100, soft; surface warm; talks intelligently most of the time, but is at times a little wandering and dull; drank a good quantity of coffee and beef essence this morning; is very thirsty; sordes cleaned off her lips, etc., have not returned; urinary secretion not very free. Ordered

Spt. Mindererus, ʒi.

Spt. Æth. Nit., ʒij.

M. Sig. ʒj every 2 hours.

In the evening pulse 100, soft and full; been pretty bright all day; complains bitterly of abdominal pain; considerable tenderness over womb; has scarcely any lochia, and has had but little since her labor; skin quite hot; bowels not moved; ate bread and milk and drank coffee and tea very freely to-night. Ordered spt. camphor to be applied to abdomen on flannel, and ice given her to swallow. Potass. bromid. discontinued.

*May 7.* Pulse 100, full and soft; tongue dry, cracked, and smooth, perfectly devoid of epithelium; very thirsty; skin hot; passed an easy night, sleeping quietly most of the time; still tenderness over uterine region; no stool; no pain when lying still;



feels very well ; able to sit up while bed was arranged ; fair amount of lochia ; ate quite heartily ; passes good amount of urine. Ordered oil.

Evening. Pulse 88 ; quiet and free from pain ; feels well ; bowels moved freely from the oil given this morning.

From this time she convalesced uninterruptedly, and was able to sit up on the 15th of May. Had in all forty-six convulsions in the course of forty-eight hours.

#### THE LECTURE.

The notes which have just been read embody the essentials of a case which, to me, has been one of great practical interest. From the symptoms, you have inferred correctly that I am about to talk of puerperal convulsions. And, remembering the teachings of the books, you are ready to ask : "Does the case before us partake of hysteria, apoplexy, or epilepsy ?" Not hysteria, in which there is more or less sensibility—in which the movement of the limbs is *seemingly* voluntary, and not of the sudden jerking, spasmodic kind ; in which there is a somewhat placid expression of face ; between the paroxysms of which there is a degree of restlessness, with movements of the body from side to side, accompanied by sighing and sobbing, and perhaps screaming and crying.

Not apoplexy, in which there is comparatively little agitation of the body—no distortion of face, or frothing at the mouth—no frequent repetition of paroxysms.

In the narration of symptoms is aggregated those which constitute epilepsy in its ordinary form. At the same time there were the symptoms of apoplexy, as coma and stertorous breathing, dilation or contraction of pupil at irregular intervals.

Again, the restlessness and change of position gave expression to the idea of hysteria.

The pulse was frequent, with diminished force ; not slow and full, as in apoplexy, nor in a somewhat normal condition, as in hysteria.

The case does not present an exact type of epilepsy, nor of either of its associates in classification. Still, such combination of symptoms is occasionally observed in obstetric practice.

Experience and reflection have induced me to concur in the opinion expressed by some, that a case of convulsions like the one before us belongs exclusively to the puerperal state. Some are singularly liable to attacks either during pregnancy, labor, or early

convalescence. Others may have fallen under the stroke of epilepsy proper, at intervals during their whole lives, from mental emotion, physical disturbance, or unexplained constitutional tendency, and yet pass through a severe labor without a symptom of spasm. Again, the frequent and hurried repetition of puerperal convulsions give them a character unlike every-day epilepsy.

This patient is not aware that she ever had convulsions, either in childhood or womanhood.

I approached the bedside of this patient just before her third paroxysm. Finding the head of the fetus within easy reach, and deeming delivery the most speedy and effective means of arresting the paroxysms, I applied the forceps with immediate success.

Former experience induced me to hope that the convulsions would cease with the termination of labor. In this I was painfully disappointed. Indeed, they were repeated with each after-pain, while the manifestations on pressure indicated hyperæsthesia of the uterus.

Views heretofore expressed on bleeding may have led you to ask: "Why was the lancet withheld in this case?" I will endeavor to answer the question by some general remarks.

These convulsions, as their name imports, are associated with, if not actually induced by labor. And, naturally, the first suggestion is, the termination of the cause.

Secondly, the spinal marrow and base of the brain, being the seat of danger, from reflex action or centric origin, demands protection.

Thirdly, as the hazard is, in a great degree, proportioned to the violence of the paroxysms, it is important that they should be weakened.

If I had seen this woman during the first stage of labor, or at the beginning of the second, when she complained of a "strange feeling in the head, with severe pain, and an inability to see objects, even the bed immediately before her, I should have abstracted blood freely from the arm; but as the labor and the convulsions were, in a certain sense, one and the same, and as no obstacle presented itself to an easy accomplishment of the former, it seemed the pressing, imperative indication.

The convulsions continued, as already intimated, but the force of the circulation and determination of blood to the brain had abated, and other modes of treatment were suggested.

In the treatment of diseases generally, the lancet has, for a

time, been allowed to rust in the case. Fashion, or a desire for universal change—prejudice, it may be, from indiscriminate use—and the extravagant, overshadowing praises of new agents have contributed to this. The men of years gone by, as well as the present, having been candid, careful observers in the open highways of hospitals, as well as in the carefully guarded walks of private practice, have sealed and stamped the blood-letting practice in puerperal convulsions with indelible approbation.

After new remedies have had their day of trial and fulsome praise, and have taken their place on the common level record, the question how shall the cerebro-spinal axis be protected against the effects of surcharge of blood, congestion, extravasation, effusion, will be easily answered. As remedy after remedy fails to manifest its boasted effects, the mind will naturally recur to the experience of the past. Already the clouds of prejudice that have obscured the value of blood-letting are being dissipated by the light of a better reason, shooting up here and there in the not distant horizon. Many, if not all of you, may live to see the day when the lancet will be restored to its reign, and its subduing power over puerperal convulsions duly acknowledged.

The experiments of Marshall Hall have proven to many well-meaning minds a snare and delusion. They prove, mainly, the character of death struggles induced by draining the system of its life-current, and not the effect of well-regulated abstractions of blood for the cure of disease.

For many years after I engaged in the practice of medicine, blood-letting held pre-eminence in the treatment of congestive and inflammatory affections. But few women went through the full period of gestation without calling for the abstraction of blood. Indeed, it was the panacea for all the ailments of pregnancy, and seldom were expectations disappointed. I have seen amounts of blood withdrawn that would be appalling to you; and yet I have never known a case of convulsions of any kind thus induced.

Without doubt, pregnancy, as a general proposition, contributes to the plethora of the system, and imparts to it a decided tolerance over heavy losses of blood. Yet, in the treatment of puerperal convulsions, the lancet should not be indiscriminately employed. The case under consideration, at the time it came under my observation, with its weak and frequent pulse, was deemed an exception to the general rule. Just here, however, let me say that it is important to discriminate between a *positively* and *comparatively*



*weak* pulse. The former is associated with enfeebled functions—with blood too small in quantity or deficient in vital materials; while the latter may be dependent upon the oppression, which blood-letting is efficient in removing.

Leeches are employed for local depletion, and doubtless are of great service in removing congestion after the completion of labor. They create too feeble an impression, however, on the general circulation to counteract its force under the throes of labor and convulsive seizures. They were used in this case, in view of the weakened action of the heart, and in aid of convalescing agencies.

Emetics were not employed, for there were no indications of gastric disturbance.

Extreme puerperal difficulties arise, from fecal accumulations in the intestinal canal, rendered certain only by their removal. In this case croton oil was given, and repeated at such times as deglutition seemed possible, and, although the quantity was large, aided by stimulating enemata, peristaltic action was but slightly increased. It was hoped that if free purgation did not remove offending material, it would at least act beneficially as a revulsive. I have seen the convulsions of children, which outside appearances connected closely with puerperal convulsions, subside at once on the evacuation of some indigestible substance from the intestinal canal. No symptom in this case justified the belief that the intestinal irritation originated the spasms, still, it was deemed best to employ evacuants, having the two objects already indicated in view.

Bromide of potassium, from its well-established efficacy in controlling undue action of the nervous centres, and the earnest commendations bestowed upon it, as a remedy of great power in the treatment of puerperal convulsions, was given freely.

From some experience, and the concurrent testimony found in periodical literature, favorable to the controlling influence of chloroform, it was given by inhalation, from time to time, during the entire period of the convulsive seizures.

I will simply reiterate the statement in the report, that local remedies were used with a view to their counteracting tendency.

After this brief recital of symptoms and treatment, the question is forcibly presented, which of the enumerated remedies was most efficient, and how much of the cure is to be attributed to the entire treatment?

There was no perceptible effect from any one of the agents upon the convulsions, except it may be chloroform. This seemingly

moderated the force of the paroxysms, but did not prevent or shorten them.

While it is true that death in many cases following puerperal convulsions does not leave any pathological trace, it is not a forced belief that convulsions of themselves do not kill, the case before us being an illustration. And the conclusion is that the treatment prevented those lesions of the nervous centres which prove so destructive.

Convulsions occurring during pregnancy, from plethora, general nervous excitement, or uterine irritation, demand remedies appropriate to the cause. If directly induced by labor, it may become a question how and at what time shall manual assistance be rendered. As a general rule I am opposed to version—to the introduction of the hand into the cavity of the uterus, for, in most instances, it adds to the uterine irritation. Dexterously used, forceps are safer, even with the head of the fetus at the superior strait. The head in the cavity, there is, of course, but one choice, as in the case now being considered.

I have seen a convulsion occasioned by the introduction of the hand into the uterus, when none was threatened, and the patient die, immediately after turning and delivery were completed.

If the convulsive seizures of our patient were truly, as I believe them to have been, from reflex action, the starting point being in the uterus, and its contractions the exciting power, it is not difficult to comprehend why the circuit was not broken. The morbid condition at the base of the brain, the extreme impressibility of the intercurrent nerves, did not subside with delivery, and with each after-pain the spasms were reproduced. As the post-partum contractions abated and disappeared, so did the convulsions.

Fix your minds on this case, excluding all you may have read or heard on the subject of convulsions, and it will be at once obvious that the after-pains and convulsions were cause and effect. What, then, is the indication? Doubtless to moderate or check these pains. Is the remedy at hand? In presenting this question, you have a wide field open to you for future investigation.

The patient is a primipara, and, as a rule, should be free from after-pains. Ascertain why the uterus, in its contractions after a first delivery, should not manifest pain, while after all subsequent deliveries the suffering may be great. After this problem shall have been solved, the true and certain remedy may be within your

reach. As it is, all agents are doubtful, and the general principle doctrine is alone available.

Opium, alone or in combination, is given more frequently than any other remedy, and possibly it may have answered a good purpose here, but the morbid state of the cerebral and spinal tissues was to be considered as well as the action of the uterus. Unfortunately, in puerperal convulsions we have no positive diagnostic sign of hyperemia or extreme nervous disturbance, and this makes the use of opium of doubtful propriety, if not in reality hazardous. Still, it is less dreaded than formerly, and I regret that we did not test the comparative efficacy of it, but it is the regret often experienced after the death of a patient, that we had not administered some other remedy.

The doctrine has been somewhat recently promulgated that puerperal convulsions are attributable to the presence of albumen in the blood. In this, however, there is more of inference than positive proof, and we more than doubt whether there is any essential connection between albuminuria and convulsions as cause and effect. Certain it is that either may exist without the other. As a *theory*, however, we are willing to accept it as true, as an element of disturbance, inasmuch as it has not occasioned any material change in practice. The object universally kept in view is to control nervous and vascular excitement, and not the purification of the blood.

It may be proper to state in this connection, that the urine of our patient contained a portion of albumen. There was no swelling of feet, hands, or face—conditions, it is claimed, which indicate the presence of albumen in the circulation; and it is more than probable that the albuminous urine was dependent on general or nervous derangement subsequent to the convulsive seizures.

At the close, allow me the pleasure of expressing my thanks to Dr. Wolfe for his faithful and intelligent attentions to the case.

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*John Hunter's Death.*—Dr. John Chapman, Physician to the Farringdon Dispensary (*London Medical Mirror*), while alluding to mental emotion as a notorious exciting cause of angina pectoris, mentions the fact that John Hunter lost his life, as is well known, by an attack of the affection brought on by a fit of anger when he was at St. George's Hospital, where he expired.



## Editorial.

*Insanity and Physical Disease.*—In all that belongs to medicine, there is scarce anything so pronounced as the contrast between the unreasonable and even superstitious views of the past in regard to the nature of insanity, as compared with the approaching light and exactness of the present. Gradually we approach the study and treatment of the insane upon rational principles; and there is good reason to believe that an enlightened policy on the part of legislators, and a patient labor on the part of physicians in care of the insane, will yet bring us to as satisfactory plans of treatment of this class of unfortunates as pertains to the well-recognized conditions of physical disease.

The relations between insanity and physical causes is ably treated in a paper read before the New York State Medical Society, at its last meeting, by Dr. John P. Gray, of the New York State Lunatic Asylum, at Utica. Dr. Gray has been connected with the asylum for more than twenty years, and has accumulated a ripe fund of facts and experience. He calls attention to the views of that excellent observer, Dr. Brigham, who expressed the belief in 1843 that "moral causes were far more operative than physical"—reporting in that year 128 cases attributed to moral causes, and 93 physical. Dr. Gray says that at that time he expressed the conviction that more careful observation would reveal the reverse opinion—"physical causes as productive of more insanity than moral causes, and that religious excitement and anxiety had but slight influence in that direction."

He now appends a tabular statement, showing that in the estimates of the causes of insanity in that institution, the annual reports from 1843 to 1866 have shown a steady declension from 128 to 12; while the reference to physical causes, during the same series of years, has advanced from 93 to 263.

We are so well satisfied of the correctness of the views advanced in this paper that we select several paragraphs:

"Here we have a gradual and marked decrease in moral, and increase in physical causes. This is neither accident nor design. It results from experience and recorded facts. Insanity, for many

centuries, was not recognized as a disease; but as a moral state, a spiritual or demoniacal possession, and influenced by the moon. Many of the older medical authorities refer to and describe demonomania as a form of mental disease. The disenthralment of the professional, as well as the public mind, on this subject, has been slow and gradual. However, we have similar ignorance and superstition in other fields of medical research.

The question of the causation of insanity is one of the most important with which we have to deal. If insanity is immediately developed from religious anxiety, excessive application to study, or giving way to the emotions of grief or joy, from the intoxication of success or from disappointed ambition, society must be guarded and admonished in those directions, and the treatment of persons insane from these causes must be such as to meet successfully the ever present causative influence. If, however, those apparently suffering from profound religious depression, or from the other moral causes named, are ascertained to be so affected because of certain bodily conditions, the successful means of treatment will be very different. If we find that insanity is dependent on causes which tend to depress the vital forces, and we discover these causes, we approach the question of the control of the disease and its limitation. If we find these causes, instead of subtle, moral influences, mainly physical, we advance still further toward control and limitation, as the latter are more within the power of individuals and of the profession than the former. Think of having, within a single year, fifty persons whom you believe to be insane from religious anxiety, and those from all Christian denominations. What a store of theological knowledge the physician must possess, and what subtlety of reasoning to meet all these cases. This number was attributed to this cause the first year, twelve to excessive study, and fourteen to fright, disappointed ambition, political excitement, and jealousy."

And commenting on the statistics of the subject, he further on remarks:

"Thus we perceive that more extended experience, and more careful observation of these cases, revealed the existence of disordered physical health as the efficient cause of insanity, and the religious depression, or other moral manifestations, as only exciting causes, or as incidental effects. This established, was an important advance. Rest, nutrition, medication, could then be presented, in truth, as the relief of sorrow. The decrease of religious

anxiety, as an attributed cause of insanity, has therefore not been because people have been more or less religious at one period than another, or that new religious views have in the meantime been advanced. It is simply because of the steady progress of medical knowledge, deduced from patient investigation, intelligent observation, and careful analysis of facts."

Dr. Gray has instituted a careful plan of clinical observation of his patients. Two years ago he secured the appointment of Dr. E. R. Hun, as pathologist of the asylum, and the following is given as the outline of his plan of observations :

"*First.* Examination of secretions in all stages of the disease.

"*Second.* The pulse under the sphygmograph to determine its force and character, and whether any, and if so, what co-incident relations its various phases may bear to physical states and psychological manifestations.

"*Third.* The pulse under the sphygmograph to show the influence of medicines on the circulation.

"*Fourth.* Examination with the ophthalmoscope to ascertain the relations of morbid changes in the optic nerve, vessels, etc., of the eye, to pathologic conditions of the brain and its membranes.

"*Fifth.* The skin, its temperature, color, elasticity, sensibility, etc., in the several forms and stages of the disease.

"*Sixth.* *Post-mortem* appearances, generally, and microscopically.

"*Seventh.* Photographic representations of morbid conditions and specimens."

The whole tenor of the article is to the effect that "morbid conditions of organs and tissues more frequently act on the brain, than the converse," and thus disease of special organs, and general ill health from lowered vitality, precede and become the cause of the morbid state of the brain ultimating in insanity." The practical inference from all this indicates that we are advancing in those pathological views, which must lead to a larger per cent. of curative results.

Dr. Gray runs an interesting parallel in those manifest cases of delirium—associated directly with apparent physical causes. Thus he calls attention to the effect of changes in the blood supply and condition :

"If the carotid arteries are pressed upon by a tumor, or the circulation of the brain interfered with by aneurism, we have what is denominated a hyperæmic state of the brain ; not a determina-



tion of blood to the brain, but the blood detained by the vessels dilated. Clinical study and physiology have taught us to anticipate the resulting consequences of such a state. The physician is not surprised to find insanity follow; but this is the exceptional result. He is quite as likely to find failure of the general health, from feeble action of the heart, due to the condition of the brain. Again we have an anæmic or bloodless condition of the brain from copious hemorrhage after childbirth, or from other causes, and general enfeeblement results, or convulsions, delirium, or insanity may follow. Can we, by careful clinical observation, ever be able to determine why one should result instead of the other? or why we may have, in such a case, convulsions, then delirium, and afterward insanity? Can we hope to answer these questions, without the aid of pathological investigations, made *post mortem*? We may be satisfied to reply that convulsion follows hemorrhage, under the physiological law that muscular spasm supervenes upon sudden and copious loss of blood, because muscular irritability is thus increased, and that the pathological state is one of depressed vital energy, and here we have a clue to treatment. Delirium following convulsion, or following the hemorrhage without convulsion, we may also explain under physiological and pathological laws.

“Now, should we stop inquiry here, when insanity results? Can we admit that insanity is anything more or less than a pathological condition, or that it lies beyond the boundaries of ordinary and legitimate medical study, and beyond the range of clinical observation or pathological investigation? Will not the patient study which elucidates one be likely to elucidate the other?”

There is much more that is of great practical interest and exceedingly suggestive in Dr. Gray's paper, but, for the present, this is all that our space will admit.

*The Cincinnati Hospital.*—This institution has, in the past, been one of the most important in its relations to medicine; about its history has clustered the most brilliant triumphs of medicine and surgery in our city. It can scarcely be otherwise in the future. Believing that the profession—not alone of this city, but of this great valley—have this common interest in the hospital, we have, so far as we could, maintained its good repute and aimed to promote its prosperity. So far as we could, we have defended its

management, and the deserved reputation of its hard-working staff. Whenever the management shall act unwisely, as we certainly think they have recently done, we shall act the part of independent journalists and offer our friendly criticism.

It is well known hereabouts, that for a long time a few discontented and unhappy gentlemen have labored to bring a degree of "outside pressure" to bear upon the trustees to effect various revolutionary changes in the complexion of the staff. The board very manfully resisted these machinations for a time, taking the very proper ground to know no school, but use men of either school or no school, as they were found faithful to the clinical interests of the hospital. They have recently drifted from this safe policy, and in a fit of child's play, resolved that after October 1, 1871, no member of the staff shall be connected with any medical college!

However we might approve the selection of any of the worthy and competent medical gentlemen of this city, outside of medical teaching, to vacancies as they occur in the hospital—as we have done—yet the adoption of an invidious rule, excluding all but these, is so manifestly absurd, that we suspect few will be found to oppose it, except those who, from motives of revenge or personal promotion, may expect to reap the advantage.

In effect, it is well understood here to be mainly intended as a thrust at the Miami Medical College, which is claimed to hold too large an influence in the staff. We believe, however, that very few will refuse the tribute of fidelity and capacity to those members of the staff who happen also to be connected with that college.

We do the trustees the justice to believe that by their action they did not purpose disrespect to any member of the staff, though virtually it is a discourtesy. The truth is, in their ridiculous estimate of the vast importance of a hospital position to medical men, they fancied most of the staff would elect to remain with the hospital. In this they will be mistaken.

The professional members of the staff are Mendenhall, Murphy, Williams, Mussey, Taylor, Blackman, Seely, and Young. Drs. Wright and Comegys, late of the Ohio Medical College, having retired from medical teaching, of course are not affected by the rule.

Now, we have reason to infer that all of these gentlemen will retire from the hospital. Can the trustees afford to dispense with

their services? We shall not urge the question; but we already hear of new clinical enterprises. The Medical College of Ohio, we understand, will arrange for independent clinics; and we learn the Miami is arranging new and special clinical plans. Others interested, we presume, will at once adapt themselves to this new ukase. Now what we desire to ask, is this state of things advisable or profitable to any one? Will the spirit of antagonism thus engendered be of advantage to the hospital or the medical interests of this city?

We have another matter to criticise. By a new rule, all appointments to the staff are specially for one year, or less, at the pleasure of the Board. It is presumed men who do their duty will be retained from year to year; but the rule presumes a re-opening of positions once each year—a possible re-organization—a fresh scramble. These possibilities will remove the stimulus to the clinician for exertion; for he will feel that with a vacillating policy, the place is not worth any extraordinary labor.

*The American Medical Association* convened in San Francisco on the 2d of May, and in another part of this journal we give a full report of the proceedings, for which we are indebted to the *New York Medical Gazette*.

So far as the report represents the Association, we can not consider this meeting as having done very brilliant things. Much time was consumed in the consideration of the woman doctor question, and the abstracts of remarks will be found amusing, if not profitable reading.

The best exhibit of the workings of the Association is made in the sections, and we shall look for these with interest.

The hospitality of the brethren on the Pacific coast is represented as hearty and generous.

Dr. D. W. Yandell, of Louisville, is elected President for the ensuing year, and Philadelphia selected as the place of meeting for 1872.

*The Works of Jas. Y. Simpson*.—Wm. Wood & Co., of New York, announce as in course of preparation a new edition of Simpson's works, to be issued in three octavo volumes: Vol. 1, Select Obstetric and Gynecological Works, edited by Dr. J. Watt Black; Vol. 2, Anæsthesia, Hospitalism, etc., etc., edited by Sir



Walter Simpson; Vol. 3, Diseases of Women, edited by Dr. Alex. Simpson.

A similar announcement is made by Appleton & Co. Both houses claim to issue this new edition of Simpson's works by special permission and arrangement.

*William Wood & Co.* also announce a new journal, the first number to be issued on the 1st of July, devoted to *Materia Medica*, Therapeutics, Pharmacy, and allied subjects.

*Dr. R. R. McIlvaine*, for so long a resident of this city, has removed to New York as his future home. He was one of the most active of the founders of the Academy of Medicine, was its president for three years, and now that he finally withdraws any active participation with us, the Academy has very properly and very courteously constituted him an honorary member.

*Explanatory.*—Most of the last number of the *Lancet and Observer* went to press during the absence of the editor from the city. Hence we regret to note a number of vexatious typographical errors. Thus in the report of the Ohio State Medical Society, quite a number of names are incorrect. *J. R.* for *W. W. Seely*; *Brigney* for *Bigney*; *Haldt* for *Holdt*; *Cassett* for *Cassat*. There are, perhaps, others. Then in the announcement of committees, *Dr. R. L. Sweeney* is printed *Livesey*; *Dr. Gundry* is announced to report on *Puerperal Convulsions*, it should read *Puerperal Insanity*. *Dr. Murphy's* report will be on *Inflammations of the Chest*, not *Inflammation*. The name of *Dr. O. G. Seldon*, on *Chorea*, was omitted. By some oversight, the list of delegates to American Medical Association for 1872 was omitted; we have not yet been able to procure the list, but will obtain it and print hereafter.

*Woven Wire Mattresses.*—We think we do our readers a positive service by calling attention to a wire mattress made in Hartford. We have been using them and pronounce them perfectly delightful. They are more uniform in their elasticity than the common spring mattress, and therefore just that much more pleasant. Besides the simplicity of the structure and its freedom from stuffing or harbor for insects must peculiarly commend it to the neat. It seems to us particularly adapted for hospital purposes, and for the comfort of the sick it can not well be excelled.

Those interested in this matter should address G. C. Perkins, Hartford.

*University of Pennsylvania—Professor Appointed.*—At a meeting of the Trustees of the University of Pennsylvania, held last week, Prof. D. Hayes Agnew was *unanimously* elected to the Chair of Principles and Practice of Surgery, made vacant by the resignation of Prof. H. H. Smith. Prof. Agnew will also continue in the Chair of Clinical and Demonstrative Surgery as heretofore.

This appointment is one which will give universal satisfaction, and is as much an honor to the Institution as it is a well-deserved and hard-earned compliment to the receiver. Under his previous supervision, the clinical teaching of the University has already assumed the position demanded by the practical spirit of the times, and we may look for greater advances in the future.—*Med. and Surg. Rep.*

*Half-Yearly Compendium of Medical Science.*—Part VII., January, 1871, of this excellent compend, is at hand. "Better late than never;" but the friends of this publication were becoming impatient. Dr. Butler gives a satisfactory explanation for the unusual delay, which will, doubtless, be received by the subscribers. The present is a capital number, affording a large amount of matter, the cream both of foreign and American contributions to medicine.

*Gazette Hebdomadaire.*—We are glad to welcome back to our table the familiar face of this well-known and valuable French exchange. The war has made terrible work with France; upturned its national affairs, suspended its medical journals, and in various ways made a state of chaos. We hope better days are upon that people.

*The Indiana State Medical Society* will meet in Indianapolis on the third Tuesday in June, one month later than usual, on account of the meeting of the American Medical Association. Our friends will please take notice of the change and arrange to be present.

G. V. WOOLEN, *Sec'y.*

*The Virginia Clinical Record* is the title of a new monthly journal issued at Richmond, and published by M. W. Hazlewood. The editor is not announced. We welcome the *Record* to our exchange list.

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## Obituary.

*Doctor Joshua Stevens*, father of the Editor of this journal, died in Lebanon, Ohio, May 2, in the seventy-eighth year of his age.

Dr. Stevens was born near the village of Winthrop, Maine, March 21, 1794. His early pursuits were farming and bricklaying. He had the advantage of a plain common school education, which he greatly improved by diligent self-culture. During the winters, after his approach to manhood, he engaged in school teaching. On the 4th of July, 1817, he left Maine, and coming southward, opened a select boarding school in the village of Bristol, near Philadelphia. Here he commenced the study of medicine under the direction of Dr. John Phillips. Subsequently he went to Philadelphia and entered the office of Dr. Joseph Parish. At that time Dr. Parish was in the midst of great popularity in that city, and conducted medical teaching with special care. Dr. George B. Wood, Dr. Shoemaker, and others, were then assistants to Dr. Parish in his plan of office instruction. During the winters of 1818-'19-'20, Dr. Stevens attended lectures in the Medical Department of the University, but did not graduate, although during the years 1820-'21 he entered upon practice in that city with flattering prospects. But his health being somewhat delicate, he decided to come West, and removed to Ohio in the fall of 1821, floating down the river from Pittsburg, with two or three friends, on a sort of flat-boat.

Dr. Stevens had letters to Dr. Drake and other prominent gentlemen of Cincinnati, and intended to locate in this city, but having relations near the village of Monroe, in Butler county, he became engaged in practice at that point almost before he realized it. For many years he performed a vast amount of professional labor, and no one enjoyed a larger share of the confidence of his patrons as well as his professional friends. When Dr. Stevens came to Ohio, the leading men in Southern Ohio, outside of Cincinnati, were Drs. Daniel and Robert Millikin, Dr. Rigdon, Dr. John C. Dunlevy, of Hamilton, Dr. John Ross, and Dr. Canby, of Lebanon. Dr. Drake was the leading man in Cincinnati, and about this time he organized the Medical College of Ohio. Dr. Stevens



took an active part in the old "District" Medical Society, and for many years was its president—as he was afterward, for many years, President of the Lebanon Medical Society. At the close of the session of 1830, the Medical College of Ohio conferred upon him the Honorary Degree of Doctor in Medicine.

In the autumn of 1847, Dr. Stevens removed to Lebanon, in Warren county, where he remained until his death.

As a practitioner, Dr. Stevens was energetic and successful. He was a reader of medical journals and new books, and a frequent contributor both to journals and medical societies.

As a citizen, he took an active part in all local enterprises intended to advance the prosperity and comfort of his community, and contributed liberally of his means for all these purposes. Dr. Stevens was one of the earliest temperance advocates in Ohio; breaking aloof from the customs of those times, and urging total abstinence long before even the Washingtonian movement.

For many years he was a consistent member of the Methodist Church, and in his daily life exhibited the sincere but modest deportment of the true Christian. Up to the end of life he expressed an unswerving confidence in the care of the Savior.

Near seven years ago, he was thrown from his buggy, while making a professional visit, producing a concussion of the brain. From this accident he never recovered the use of his mental or physical faculties. For a time he partially rallied, and was able to visit to some extent and enjoy the society of his children; but he gradually became more and more imbecile in his faculties, so that for many months he was entirely helpless. May 2, 1871, he quietly and peacefully fell asleep.

His life was one of great energy and activity of purpose; one of great usefulness and benevolence; a sincere friend; in his family, remarkably amiable and affectionate; as husband and father none ever more kind, thoughtful, and devoted.

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*John Oppolzer*, the famous surgeon of Vienna, died on the 16th ult. He was born at Gratzen, in Bohemia, in 1808. In 1838, after completing his medical studies in the University of Prague, he entered on private practice in the town with extraordinary success. In 1841 he was appointed physician to the Prague Hospital. After acting for some time, at the request of the King of Saxony, as director of the hospital at Leipsic, he accepted the professorship in the University of Vienna, which he retained till his death.

THE CINCINNATI

# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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## Original Communications.

### *Art. 1.—Human Blood.*

ITS PHYSIOLOGICAL CONSTITUENTS, AND THEIR RELATIONS TO SOLID STRUCTURES—WHERE AND IN WHAT THE SO-CALLED VITAL FORCE IS STORED UP—WHERE UNITED WITH THE BLOOD STREAM—AND EXACT INDICATIONS FOR THE EMPLOYMENT OF VENESECTION AS A REMEDIAL MEASURE.

Report of Committee on Obstetrics to Muskingum County Medical Society, June Session, 1871. By Z. C. McELROY, M. D., Zanesville, Ohio.

A particular usage, once fairly discontinued by human society, may be considered as very nearly finally disposed of; for no known instance exists in which a retrograde movement has been made, and the usage re-instated in the condition in which it had been when dropped. Efforts to this end may appear to be partially successful for a time, but like the seed in the parable sown by the wayside, though it may come up and seem to thrive for a little while, it is soon overwhelmed by the onward march of events. The aged have ever sighed in vain for the return of the good old times of their youth.

That which has its foundations in the shadowy regions of eternal principles can not, however, be thus disposed of; for the old proverb, which says "truth crushed to the earth will rise again," embodies an everlasting fact. Usages dropped by human society, if they contain within themselves any great truth, may be certain of a resurrection only so far as the truth is concerned. And this resurrection is as certain as that truth has an existence. Pontius Pilate asked JESUS, "What is truth?" The question received only this reply, "I am the truth;" and it has received no other since in so far as it concerned a concrete unity representing all truth. Truths there are in numbers in reference to many things. But as there is no truth other than that designated by JESUS to Pontius Pilate, into which all other truths merge, it follows that truth does not represent any other physical or ideal unity. Truth simply represents fact, and facts are numerous and diversified in relation to the physical body of man, the world in which it is born, lives and dies. There are facts of science, and art, and nature, and revelation; facts material, and facts spiritual.

Thus, it is a historical fact that venesection—blood letting—as a remedial measure in the treatment of certain so-called maladies, has held a very high place in the estimation of practitioners of the healing art from a very remote antiquity down to very modern times, until now, in the centers of population and civilization, it is almost extinct; and it appears to me that in the remoter ramifications of society it is still on the decline, and apparently hastens to its extinction there.

But within the past year, some *avant couriers*, feelers, as it were, of the public and professional pulse, have been sent out from the centers of society to ascertain how far it was possible to re-instate it in professional and public estimation as a therapeutic measure. A portion of the fellows of this society have sent out a most exultant affirmative response. And no doubt from other quarters similar responses will go up, so that our surgical instrument makers need not despair of reaping a small harvest during the reaction. And it appears to me that the past history of the profession teaches that if a reaction is got up, it will not enjoy a very long life, nor stand very high in popular estimation while it lasts. Empiricism will send up other wails, and make other protests, as its chosen domain for so many centuries is encroached upon by science. Venesection will have a place among scientific remedial measures,



and that place will be determined in each individual case with the same accuracy as the mariner determines his position at sea on the earth's surface. This he does with a few simple instruments, charts, observations, and calculations. The correctness of result does not depend on chance or accident, but upon the strict observance of a few simple, scientifically accurate processes.

It is, therefore, my purpose, on this occasion, to point out some means by which to determine with some degree of accuracy the conditions in which blood letting is indicated as a remedial measure. In doing this, it will be necessary for me to inquire what are the effects of blood letting on the molecular changes in living beings on which life is dependent, when beneficial, and when otherwise.

Any mental conceptions which do not embrace the totality of life, and the relation of the blood to the sum of any individual life, it seems to me, must necessarily be imperfect or erroneous; and from imperfect or erroneous premises, correct conclusions can hardly be expected; and if expected, will, with tolerable certainty, end in disappointment.

It seems to me, therefore, that it is necessary, or at least very desirable, that the medical practitioner of either the present or future, when he takes the lancet to open a vein, should be able to give, at the moment, some tolerably clear and intelligent replies to the following questions: What is this blood I am going to draw from this person's vein? What is known of its relation to the life of this person? What end will my drawing it probably accomplish? Is anything known of how this end will be accomplished? Will the end probably be beneficial or otherwise? Are there any definite general principles to guide me in forming correct conclusions of its effects beforehand in any given case? And if so, what are they? And can they be so formulated or pointed out as to be reliable guides to the average general practitioner?

To these questions it is proposed in this paper to make replies. The task may seem a large one, but I do not shrink from the labor, believing that they are all included in the general term organic dynamics, or modes of force peculiar to living beings.

Contrary to announcements recently made from influential quarters, it is my belief that the well-qualified general practitioner of the future will depend less on having his head crammed full of empirical encyclopædic facts and experiences, than upon a few simple general principles, by the aid of which, and by a not extended

clinical study of the practical application of which, he will be able to separate into simpler elements every clinical problem, however complicated. And with a comparatively simple pharmacopœia of actual drugs, and the ordinary forces of nature at all times at his command, will meet each clinical indication with a certainty altogether unattainable by any amount of cyclopædic knowledge, even when supplemented by extended personal clinical experience. In this way, his mind will be relieved of the fetters of nosology and the classifications of therapeutic and remedial agencies in general use now by the profession.

What is blood? Human blood? Though much is known concerning it, it seems to me probable that there is a good deal in regard to it about which there is very little known. Its ultimate inorganic elements have, it is tolerably certain, been fairly made out, and sundry proximate principles, as albumen, fibrin, etc., contained in it, have been pretty thoroughly studied.

The cells or corpuscles, colored and colorless, which float in its mere fluid menstrua, have been clearly demonstrated. Viewed as a whole, however, the blood must be regarded as the final stage of preparation of the material by the chemistry of the body, which is to become solid structures, capable of performing functions.

There is another interesting feature, however, connected with the blood, or rather with a portion of its material, which, up to this time, has received no explanation entirely satisfactory to my mind. And that is, that the materials, much of which is, with a good deal of certainty, the results of tissue decay in the act of performing function, collected, and no doubt modified by the ganglia, plexuses, and glands of the lymphatic or absorbent system, is poured into the blood stream just before it enters the right auricle on its way to the lungs, to be brought into contact with the inhaled gases of the inorganic atmosphere, which is the last and crowning act of the preparation of material which is to become the solid structures of the body. The anatomy and distribution of the lymphatic system is peculiar, and apparently very complex. A portion of the contents of the thoracic duct, collected from the contents of the abdominal cavity, is called chyle, and authoritative physiology declares it to be derived from the food—that is, a direct product of intestinal digestion. The volume of chyle finding its way into the blood stream through the thoracic duct is very insignificant when compared with the volume of food introduced into and subjected to the processes of the stomach, even after a liberal al-

lowance for direct venous absorption of the products of digestion is made. The contents of the chyloferous vessels, and the lymphatic or absorbents from other parts of the body, have a striking resemblance in chemical composition, the principal difference being the greater number of oil globules in the lymph from the intestinal absorbents during active digestion. Fasting, they become almost identical in every respect, chemically and physically. With the light thrown upon the phenomena of living bodies by science recently, it seems to me the explanations given by physiology of the uses or functions of the lymphatic system will have to be considerably modified. That one part of the lymphatic system of the human body should perform one function, in consequence merely of its location in connection with the abdominal contents, and other portions, identical in every respect in structure, but differently located, should perform an entirely different function, must, of necessity, be placed among doubtful conclusions. That the lacteals may take up a fractional part of the results of the intestinal digestion of food is within the range of possibilities, but not probabilities. The increased volume of chyle, which differs from lymph only in containing oil globules, would, of necessity, occur from an increase of functional duty; and as function is performed there, as well as elsewhere, at the expense of substance, this, with much more probability, is the source of the increased volume of chyle or lymph during digestion. All other life on the globe, unless prematurely arrested by some superior force, before maturity, provides for its own reproduction before death. Can it be possible that human structures are exceptions to this law so universal in the vegetable world, and not without instances in the animal? The very blood cells themselves die in the act of perpetuating their kind. In the nature of things there exists some provision of this kind in the human body. And as the means to that end are coincident with decay elsewhere in nature, it must be connected with the act of decay and performance of function in the human body. It seems to me to be very certain that the function of the lymphatics is to collect certain products of the decay of the tissues. And that what they do collect is the matter in which is stored up the force for the reproduction of the normal molecular forms of the tissues and structures. This view is confirmed partly by anatomical arrangement, for the force for the reproduction of the normal forms of structure ought to be added to the new products of digestion just before entering the lungs, the seat of the most intensely



active chemical changes in the whole body. It is, therefore, eminently fitting that the lymph should enter the blood stream just where it does, near the entrance to the right auricle, the reservoir for the right heart or blood pump, which forces it into the lungs. Then, pathology throws some light on it, too. The absorbent system receives not much attention from the practical pathologist and therapist until after it has fallen into disorder, when the solids become what is called scrofulous or cahectic. And then what a propriety in calling this condition of the solid the "king's-evil," for the king of the structures—that is, the force needful for the reproduction in normal type—fails in duty, with the result that his subjects—the structures—fall into disorder, as the subjects of all kings do who fail to perform their functions properly. Is not France at this moment suffering terribly from the "king's-evil?" Then scrofula is regarded by those connected with the profession as a constitutional taint, a broken vase which may be mended so far as to do duty, but shorn of its beauty and harmony, and liable to fail at any moment.

For safety to the structures of the body, this material, in which is stored up the force for the normal reproduction of wasting molecular forms of structure, must always be in large excess. The total products of tissue decay are mainly disposed of at three points, viz: lungs, skin, and kidneys. That portion readily soluble in water at the skin or lungs; that which can be safely reduced to gases in the system at the lungs mainly; while the more complex materials, representing nerve force, and therefore more dangerous to the system, are probably used in part in maintaining the molecular structure of the kidneys, whose function is certainly performed chemically, and at the expense of molecular forms of structure, and not mechanically, in dealing with tissue debris. Pathology confirms this view in the frequent failure of the kidneys in the so-called exanthemata, rheumatism, etc., and all conditions marked by high ranges of temperature. Proper lymph does not result under such circumstances; the molecular structures of the kidneys can not be maintained, this material expending its force in other directions, resulting in producing uræmia, convulsions, dropsy, and death.

Viewed thus, in its proper physiological and dynamic light, the blood assumes an importance, in the estimation of the practical pathologist and physician, impossible from any other stand-point; for it contains at once the material from which solid structure is

to be formed and the force for the transformation of the material into normal molecular forms, capable of evolving the phenomena of life, and on which life depends.

In this way, the fact that blood for the purpose of transfusion is best deprived of its fibrin, certainly that part of it in the most advanced stage of preparation to take on molecular forms of structure, can be understood. For, viewed as a dynamic problem, it is not so much the material that is wanted in cases requiring transfusion, as the force requisite to reproduce forms of structure; and hence, in many cases, a few ounces only suffices to accomplish the ends. And that blood apparently supplies a needful force for prolonging life, which other material in high states of organization do not, as in milk or the blood of inferior animals, is certainly very strong evidence that the explanation here given embodies the main fact and value of blood in transfusion. The percentage of success, however, with any kind of blood, or with any kind of apparatus, up to this time, is so small as to constitute but a forlorn or hopeless hope, and hardly worth taking into account as a therapeutic measure.

Any reply or replies, brief enough for use at the bedside, to the query, what is blood? can only include its main factors in the dynamics of organic life, *i. e.*, that it is the material and force from which solid tissue can alone be constructed. But no definition by science to-day can be more brief, pointed, or expressive than that given in Revelation: "But flesh, with the life thereof, *which is the blood.*" (Gen. ix: 4)

It is, therefore, in its relations to the life of this person, second to no other condition; and other conditions, of only secondary importance, are contact with the gases of the atmosphere in the lungs, and its circulation at normal velocities, etc., etc.

Why do I draw this blood? If I do so simply because the patient has some so-called disease by name, as pneumonia, pyrexia, peritonitis or metro-peritonitis, or inflammation of the brain, without direct reference to some actual and desirable ends, my doing so is clearly guess-work. The patient may survive, though I make a mistake, and blood letting get the credit of the recovery. Or the patient may die in consequence, but some satisfactory or unsatisfactory excuse will bridge over the errors.

It is my belief that there are means at the command of the practitioner to determine, with a much nearer approach to accuracy, why blood should be drawn in every case in which it is apparently

indicated, than names or symptoms, as ordinarily interpreted. In the reply to this interrogation will necessarily be included how the end is accomplished, as well as how far it promises to be beneficial; and in doing this, the general principles for guidance in the use of the lancet must be as clearly identified as the apparent necessity for the withdrawal of blood.

Before proceeding to the consideration of direct replies to those several inquiries, it may be proper to state that it seems to me hardly a debatable point whether venesection is, or is not, when indicated, a proper therapeutic measure. And in the general term *venesection* is included the general and local abstraction of blood. And it may also, for the proper understanding of what follows, be proper to state that the circulation of the blood is to be regarded as a physical process, in physical instruments, and by physical force—that is, that the blood tubes and heart, in every investigation intended or expected to arrive at any correct result or results, which will stand the time and further scientific investigation, must be regarded as any other tubes, and the heart as any other force pump.

A physician hurriedly summoned to a person who, a little while since, in apparent health, possibly playing with a child, or doing some other thing of trivial character, had suddenly fallen over in a state of complete or incomplete unconsciousness. He finds him breathing slowly and heavily, and with a snoring sound. Pulse slow, full, or small; very weak and languid; surface cool and pallid, and pupils widely dilated. He will have suggested to his mind fainting, syncope, and would probably proceed to depress the head, apply friction to the surface, open doors and windows to admit fresh air to the apartment; perhaps apply camphor to the nostrils, or ammonia, if at hand. If the patient is capable of swallowing, gives some spirits, or spirits and water; rolls the patient from back to side, and endeavors to hurry up the breathing, but finds, after the lapse of a certain time, no improvement. Bleeding is now suggested; and as time is precious, none of it is wasted in unnecessary delay; opens a vein, allows blood to flow, if it will, and with the escape of a greater or smaller quantity, the pulse commences to increase in frequency and volume, consciousness slowly returns, and the life of the patient apparently saved. A day or two confinement to the house, possibly an opening draught, and the patient is able to be about again, a little the worse for the accident, he will confess, for several weeks to come.



Such a succession of events, so dramatic in character, may well provoke reflection even in a mind little used to such labor; and in thinking the episode all over, the physician would probably conclude that his patient had had congestion of the brain, and that the bleeding had saved his life by relieving the congestion. And to this conclusion, the profession at large would most likely respond, "your conclusions are correct, brother." The means and the end were certainly correct, but the mental processes and conceptions of the necessity for the means, and the mode by which the end is reached, it seems to me, do not represent the facts of the case, nor the events that have transpired.

The patient had the same amount precisely before the occurrence as when in the apparently dying state. But it did not circulate through the tubes with the same rapidity, and had to stop somewhere. In this case, allow it, for the purposes of explanation, to have been in capillaries of the brain, the congestion, or arrest of the speed of the circulation through the brain, was a consequence, not a cause of the decreased speed of the circulation. The real cause was decrease of the power, or force, which propels the blood at its required speed and always co-incident with changes of molecular forms of structure, to the end that the various molecular operations may proceed in such a way as to maintain the condition called health. Means to increase this power—depressing the head, friction, fresh air, camphor, or ammonia, or both, artificial respiration, etc., have been tried and failed; and the only thing left to do is to decrease the resistance to be overcome—that is, diminish the total volume of blood. The bleeding, by decreasing the resistance, equalized the power or force and the resistance, and the result is that the speed of the circulation is gradually resumed; the blood merely mechanically detained in the brain for want of power to propel it, is again taken up, pushed forward, and the congestion relieved, damages to structure put in the way of repair, and the patient gradually recovers.

That it seems to me explains accurately and scientifically, 1st, the cause; 2d, the means employed; and, 3d, how the means brought about the end desired, without any gaps in the train of exactness of explanation of the cause and result to the patient, and the means used and the end attained by the physician, in such a way that they must stand true to the end of time. And the case is by no means a suppositious one. Such have occurred again and again in the past, and will meet every practitioner more

or less frequently during anything like an extended professional career. Such cases occurring beyond the result of prompt professional aid figure largely in sudden deaths reported to be due to heart disease or apoplexy.

Transferred to another bedside, and a patient comes under professional scrutiny who, the friends say, has been more less unwell for a week past; patient thought he or she only had a cold; has had some slight headache, with a little fever; appetite not quite so good; in fact, had not eaten so much latterly as formerly; is irritable in disposition; has had some hours previously a chill, followed by flushed face, difficult breathing, coughs more or less; and now has pain in the side of such acuteness as to make the act of breathing more or less difficult. Pulse full and strong, perhaps 120 per minute; respirations 25 to 30 per minute; shallow and incomplete expansion of the chest, with a temperature from 102 to 104. A physical examination of the chest reveals bronchial breathing, dry and whistling, more marked on one side, some dullness on percussion.

This will be recognized as a case of pneumonia—a condition very frequently met with at all stages of life, but perhaps more frequently in the prime and decline of life. At first glance it would appear that the lungs are simply engorged or congested, and all that is necessary to relieve the patient is to open a vein, allow a certain amount of blood to flow; the congestion will then disappear, and the patient get well immediately. *Experientia docet.* Such may or may not be the result, generally not. And though pneumonia has been the object of study by all the great lights of the profession from the remotest antiquity, there is at this moment wider disagreement in regard to its nature, pathology, and remedial management than at any former period. Patients are bled and get well, and are bled and speedily die. They are not bled, treated with so-called stimulants, and die, and are so treated and recover.

The changes going on in structure at all stages of pneumonia, from invasion to recovery or death, can be clearly identified by their physical signs during life. But this knowledge does not throw much light on its therapeutical management, except its warning against over-treatment. One of the very latest English authorities (Aitken) confesses all that is here stated; and further, that the belief is gaining supporters that the blood is in some way purified by the effusion, and consequent solidification of lung

tissue, and after all may be a salutary process. And, it may be added, that so long as it is considered a purely local malady there can be no greater unanimity in regard to its pathology and therapeutics. But in regard to the propriety of venesection, it seems to me the umpire whose decision contains fewest sources of error is the clinical thermometer; and its indications are only modified by the embonpoint, previous health, and length of the prodromus. Health previously having been good, good embonpoint, with but a short prodromus, and a temperature of 105 or above, venesection may be safely resorted to in any given case to a moderate extent. And if urgently demanded, may be carried to syncope, patient being upright.

But with a long prodromus, in the decline of life, with imperfect previous health, embonpoint not good, no matter what the temperature, venesection must be regarded as of doubtful propriety, with almost a certainty of mischief resulting from it. For here the condition of the tissues of the whole body, and of course including the viscera, have impaired dynamic capacities, whose decay stores up but sparingly normal force for their reproduction; and any part of the blood suddenly withdrawn makes repair still more difficult and protracted, with many chances of its total suspension and a speedy termination of the case by death.

But my special purpose was to speak of it in the lying-in chamber and the enciente state or obstetrical practice. The process of child-bearing—reproduction of kind—must be constantly regarded as a natural process, occurring, for the most part, in obedience to natural law; and while in the very nature of things, it must never be altogether free from peril to the lives of mother and offspring, yet the great bulk of cases will and do get through safely without much assistance from the skill and art of the obstetrician. But when otherwise, and structures fail to be reproduced, or waste speedily without any effort at reproduction, as in eclampsia, with anything like previously good embonpoint and capacity to assimilate proper food to her structures, the story the thermometer tells will be as near an infallible guide as it is possible to have infallible guidance, where the chief factors of the condition are excessive motion. With high ranges of temperature, above 104 or 105, venesection can hardly fail to be beneficial, especially if followed up by the tension of motion produced by opium, extended over sufficient time for the reproduction of wasted and wasting structures to be resumed.



Under other circumstances, the capacity to-reproduce wasting structures, with normal molecular forms impaired to any extent, the path of safety with the lancet is forbearance and a resort to other means of controlling excessive motion, as chloroform, chloral hydrate, veratrum viride, opium, spirits, low temperatures, applications of ice or wet cold, or, in some cases, applications of hot fomentations, poultices, etc. But equally important with these remedial measures are the materials for reconstructing tissue—good food—containing all the elements of tissue, as milk, beef essence, etc. For without lymph with normal dynamic force stored up in it, tissue can not be reconstructed in normal molecular forms, and a condition of proper lymph is good tissue out of which to make it.

It has been determined long since by experience that in all the so-called fevers—conditions of structure with changed dynamic capacities—the abstraction of blood is never otherwise than damaging. And that well-ascertained fact is the hand in the dial pointing at all times to forbearance in the use of the lancet in or out of the lying-in chamber; remembering that with the adoption of more exact ideals of life, many of the indications formerly regarded as requiring blood letting are much better and safer met by other means. But with capacity on the part of the patient to reproduce wasting structures with new materials, the loss of blood to almost any extent can be borne with impunity, as seen in accidents to persons in full health in civil life, or after wounds on the battle field, involving large hemorrhages. But with impaired capacities for the reproduction of structure in normal molecular forms with new material, the safer course with the lancet is forbearance, even to total disuse.

The facts and inductions presented in this study of human blood and blood letting as a remedial measure seems to me to justify the following conclusions:

1. That the blood of the human body is really and truly the life of its various viscera and textures, for as it leaves the right heart it contains not only the material but the force for the reproduction and perpetuation of the various structures from which it has been derived.

2. That in the contents of the thoracic ducts are stored up the necessary force for the reproduction and perpetuation of the momentarily wasting molecular forms of structure in the performance of function.

3. That the contents of the thoracic ducts are not derived, either in whole or part, directly from the results of the intestinal digestion of food, but wholly from the results of the decay of the various structures of the whole body, excluding tumors and the other forms of structure foreign to the types of the human body, and not performing a function; and contains stored up in it what has hitherto been regarded as the special vital forces peculiar to the human body.

4. That the lymph contents of the thoracic ducts represent precisely what a vegetable seed represents, to wit: the force by which new material is to be used in reproducing the particular forms of structure from which it was derived.

5. That venesection must always be recognized as a proper remedial measure.

6. That its present almost total disuse is a natural and conservative result of the indiscriminate use and abuse of the lancet in the past, and its use will be revived only so far as science can point out unerringly the conditions demanding its employment.

7. That the name of any so-called disease, as puerperal eclampsia, metro-peritonitis, pneumonia, inflammation of any structure, etc., affords little or no safe guidance for the use of the lancet as a remedial measure.

8. That where the dynamic capacities of existing structures have been certainly and to any considerable extent impaired, as ascertained by a critical study of the present and previous condition of the patient, no matter how urgent the apparent necessity for the use of the lancet, or how high the range of temperature, venesection offers little or no prospect of betterment of the patient's chances of recovery.

9. That persons in previous good health, and not very far advanced in the decline of life, whether male, or female in the ante or post-partum condition, in whom motion has been advanced so as to determine convulsive movements, or a very high range of temperature, the lancet may be used to almost any extent, with impunity, to decrease the volume of blood, and as a secondary result the velocity of molecular changes in structure, and thus cut short or arrest the whole train of morbid phenomena, or if not wholly arrested, brought within the control of other remedial measures.

10. That in the sudden breaking up of the normal relations of force and resistance, as in the instance first cited in the body of

this memoir, or where persons in previous health, without apparent cause, suddenly fall, even in the state called collapse, venesection, after other means to promote motion have been tried and failed, by decreasing the resistance to be overcome by the decreased power or force of the patient for the circulation of the whole volume of blood, offers almost the only hope of recuperation.

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***Art. 2.—Resume of the Spring Course of Lecture on Otology in the Dispensary of Medical College of Ohio.***

By Prof. SEELY, A. M., M. D.

I don't believe, gentlemen, I need ask you whether facts have answered affirmatively the questioning remark, and the one with which we started on our course: Can anything be done for ear troubles?

It may be profitable for you to recall with me the various otological cases, however, and pass them in review, as well as the treatment.

In the first place, let me refresh your memories on the anatomical parts. We divide the ear into three: the external, embracing the auricle, the external auditory meatus, including the external surface of the membrana tympani; the middle, composed of the tympanic cavity, the mastoid cells, and the eustachian tubes; the internal, the place where the nerve is distributed, situated in the petrous portion of the temporal bone, consisting of two parts: the membranous and osseous labyrinths, these including the cochlea, the semi-circular canals, and the vestibule, the osseous portion of course surrounding the membranous, and the latter filled with a watery fluid, the so-called fluid of the labyrinth.

To make the anatomy of the internal ear (a so perplexing affair to many) a little clearer, let us divide this third division also into three parts, taking the vestibule with its two saccules, the hemispherical and hemispherical, as the middle of the labyrinth. Now from the larger saccule, the hemispherical, the three semi-circular canals pass out; from the smaller saccule, the hemispherical, we find the membranous cochlear canal starting with its cul-de-sac beginning.

You are aware that nerves of special sense have a peculiar peri-



pheric arrangement, the optic perhaps being the highest type. You know that upon its terminal fibers there is, so to speak, developed that peculiar and wonderful apparatus, the so-called retina, consisting of at least seven distinct layers, by which arrangement the nerve proper becomes in reality simply a means of communication between the brain and the retina.

In the ear, the auditory nerve divides into two branches: the cochlear, passing to the cochlea, and its vestibular attachment, which you will remember was the round saccule; the vestibular or posterior branch goes to the elliptic saccule and the ampulla (dilated openings of the semi-circular canals) of the semi-circular canals.

The two cavities of the labyrinth, the vestibule and cochlea, have, toward the meatus auditorius internus, a number of cribriform perforated places in their walls, called maculæ cribrosæ in the vestibule, and tractatus spiralis foraminosus in the cochlea.

Let us return now to consider more closely the structure of the external and middle ears, the two with which we have had most to do, and with which you will have most to do, so the ones of which I particularly wish you to have as thorough a knowledge as possible. Each advance in otological science has reduced the number of the so-called cases of primary nervous deafness. You are aware that it has been but a few years since an ear case was either one of *impacted ear wax* or *nervous deafness*—the former to be treated with the syringe, the latter with oil. We now have the improved methods for perfecting an examination, the speculum and otoscope (the mirror) for investigating the external ear, and also aiding in the examination of middle ear, as we learn not a little of its state by the appearance of the membrana tympani. We have also the eustachian catheter, which, along with the diagnostic tube, tells us the state of the eustachian tube and the middle ear. And we have the bones of the head, with the phenomena produced in them by the various sounding instruments, giving us some idea of the state of the nerve. And later still, we have the so-called "constant current," which will probably prove of great service in the diagnosis and treatment of nervous affections.

The entire external ear is covered with skin, somewhat altered, of course, as it passes down the meatus and covers the membrana tympani, hence you have seen it attacked with some of the skin affections. Eczema in both forms, acute and chronic, has pre-

sented itself. You have seen eczema of the scalp extend to the auricle, and you will bear in mind that one of the points in differential diagnosis between the parasitic and eczematous scalp troubles was the former confining itself to the region of the hair, hence never leaving the scalp.

You have seen that I have attempted to keep the parts excluded from the air, by either applying cod liver oil or dusting on calomel or powdered gum. For the itching and burning sensation, I have used carbolic acid in a solution of grs. x. D. 3i. Of course treating the head if the scalp was affected.

I have given you so many opportunities of inspecting ears filled with cerumen, that I trust you will never have any difficulty in diagnosing its presence. I have especially called your attention to the importance of examining the hearing power before removing the impacted cerumen, at least, if this is not done, of being on your guard and not giving any opinion as to the hearing after the removal of the wax, since, as you have seen, it may only be a *coincidence* and not a *cause*. So, on its removal, the hearing may be but little benefited. For its removal you may be obliged to use glycerine for a day or two to soften it, as it is not wise to syringe with the hot water too long at one sitting. I have narrated to you an extraordinary case recorded in a report read before the Academy of Medicine two years ago, and published in the October number, 1869, of *Philadelphia Medical and Surgical Reporter*, showing a necrosis of the external auditory canal, with perforation of membrana tympani, to show you what may possibly result from long plugging of the ear with this accumulated secretion. You have had an opportunity of seeing a case or two of inflammation of the head of the drum or myringitis.

Recall the normal appearance, sort of a neutral gray, the attachment of the malleus being distinct, and the cone of light, with its apex at the end of the handle, downward and inward, being present.

The normal transparency was absent, the membrane thickened, hazy, and intensely red, especially at its periphery and along the malleus. You have likewise seen that the redness may extend somewhat upon the meatus. Certainly I have been able to show you two cases that presented the difference between a diffuse inflammation of the external auditory canal and myringitis pure. You will have no little difficulty at times in recognizing the difference between a myringitis and acute inflammation of the middle

ear, but the diagnosis must be made by exclusion. Of course, you must bear in mind that the *membrana tympani* is supplied by the same blood-vessels and nerves that supply the tympanic cavity and the external auditory canal, so, naturally, you would expect more or less part to be taken by this membrane in all affections both of the external and middle ear; just the same, too, must every independent affection of this membrane act upon the external canal and on the tympanum. You can readily satisfy yourselves of both of these facts by carefully examining the ear after manipulating the external and middle ears.

As to the causes, I have told you they may be, having a draft of air blowing directly upon the ear, cold bathing, getting the water upon the membrane, and foreign bodies. Among the latter I included a vegetable parasite, the *aspergillus glaucus*.

The favorable cases of inflammation of the drum head terminate with the production of a slight discharge; the more unfavorable run on to a perforation of the membrane and discharge from the middle ear. The treatment was calomel and opium for two nights, and filling the ear with warm atropine solution, and penciling the ear with a weak solution of zinc to stop the discharge.

The next class of cases you have seen were those of chronic otitis media—a simple chronic inflammation of a mucous membrane. I explained to you why such an inflammation of this membrane always caused so much trouble and left such bad results, because here it served a twofold purpose, a mucous covering and a periosteum, like the skin of the external canal, which plays a like double role.

I have shown you frequently the various inflammations taken on by the conjunctiva: the hyperæmia, the acute catarrhal, the purulent, and the diphtheritic; and have explained to you how they might be simplified by regarding the second as a stage higher than the first, the third a stage higher than the second, etc., simply because we find no new elements, only an inflammation. So here you can regard them in the same way, for we certainly have a hyperæmic state, as, for example, in myringitis and inflammation of the eustachian tube, and simple catarrhal inflammation, and acute or purulent catarrh; and there have certainly been cases of diphtheritic inflammation of the middle ear. The majority of the cases presented have been the chronic catarrh, with more or less closure of the eustachian tubes.

You have seen the alterations on the part of the *membrana tym-*



pani—more or less haziness, perhaps opacities here and there, an absence, total or partial, of the light spot, and an alteration of the curvature of the membrane, a greater concavity indicated by the striking prominence of the small process on the handle of the malleus. In one case where there was great thinning and transparency of the membrane, you could see the arms of the stapes distinctly. The treatment you will remember was the only treatment that reaches the drum, viz: that through the eustachian tube. It is silly to syringe the external ear or pour medicines in on the membrane, simply because they don't reach the diseased part. I told you we had two ways of getting air into the drums, by the catheter, and by Politzer's method, the latter being confined exclusively to children in whom the eustachian tubes were shorter and more horizontal. In such little people, by having them take a mouthful of water, then placing the end of your balloon, the nozzle of which has been provided with a little piece of rubber tubing two or two and a half inches long into the nostril, pinching the nose between your thumb and forefinger and inflating at the same time the patient swallows. The act of swallowing shuts off the posterior nares from the pharynx, opens the eustachian tubes, so when the air is sent out of the balloon it rushes through the eustachian tubes into the ears.

The more common method is by means of the eustachian catheter. You have seen that mine are made of soft virgin silver, so I can adapt the curvature to suit the passage. You always reach the tubes through the nose, passing the catheter through the inferior meatus. You will very frequently find more or less obstruction, arising either from a perverted direction of the meatus or from a swelling and thickening of the mucous lining.

But never be discouraged, for you seldom find a case where a small catheter can not be passed by a little perseverance. And recollect that the simple passing of the catheter is fraught with the best results for the nose in an inflamed and swollen condition.

Passing the eustachian catheter is like passing the urethral catheter—a piece of manipulation never learned by many men, and becoming proportionately easier as you rise in the manipulative power scale.

I have told you that many cases are treated simply by introducing air into the middle ear once a day, or every other day. Again, that not seeming sufficient, injecting some irritating sub-

stance as a five or ten grain solution of muriate of ammonia, or where there is more or less secretion, weak solutions of zinc.

And where the tubes were impervious when there was stricture (the same anatomical relations existing as in the nasal duct, we have the same pathological results), dilatation must be made, and I usually employ catgut, either the E string or one of the larger ones, marking off an inch and a quarter or a half, and shoving it through. It causes a good deal of pain, as you would naturally expect, but this soon subsides, and I have never had any bad results following it, though you must be careful in inflating immediately after, for you may send the air into the cellular tissue, a perforation of the mucous membrane having been made by the probe. Again, it is easy to see, too, how the end of the probe might excite inflammation of the drum or even be thrust through a membrana tympani greatly drawn in against the promontory. There are cases, of course, when you could not avail anything by treatment except by first dilating. I have had some of the most marked results by dilating, though of course I seldom or never resort to the process unless it is absolutely necessary. No case should be despaired of till treatment has been resorted to at intervals for months.

Now, along with these cases of chronic catarrh, you will meet with what is, by a contradiction of terms, called "dry catarrh"—a sclerosis of the mucous membrane. These are the unfortunate cases both for the patient and the aurist, for, so far as is now known, interference does little that is marked except harm. They are cases that usually progress slowly, it may be, but surely, from bad to worse; seldom, however, producing total deafness, and sometimes stopping far short of that point. There has been within a year or more a plan of treatment suggested for such cases, and some others where there is a good deal of thickening and deposit in the drum, which may be attended in some cases with success. I refer to the vapor of water, a *steaming* of the middle ear, suggested by Dr. Pardee, of New York. He has a bottle or flask with a large opening stopped by a cork, through which are two perforations, into which are fitted two pieces of rubber tubing of two or three feet each; to the other end of one the eustachian catheter is attached and inserted into the nose and held by the head-band; into the other the nozzle of the balloon is stuck, and the steam is sent into the ear by sharp puffs by com-

pressing the balloon. Here it is better to make use of a rubber catheter, as the silver may become unpleasantly heated.

This state of sclerosis of the lining of the middle ear certainly reminds one vividly of the cicatrization and contraction process that takes place as the result of granulations, by which the mucous membrane is converted into a dense rough cicatricial tissue that fails to perform the functions of a mucous membrane.

I told you while speaking of myringitis that the favorable cases were those in which a slight discharge was produced, and on its ceasing recovery took place. Such an inflammation, however, sometimes proceeds till a perforation of the membrane occurs, and then a purulent inflammation of the middle ear may follow, especially if the case is badly treated, as with poultices, etc. Now, it is not always possible to tell by a single examination of a case of otorrhea where the trouble first began. Bear in mind that pus may come from *a diffuse otitis externa*, from inflammation of the *membrana tympani*, and from an inflammation of the drum, causing a perforation of the membrane and an appearance of the pus in the external canal. I told you every inflammation or irritation of the external tube was reflected by continuity of surface upon the *membrana tympani*, and vice versa, that of the membrane upon the adjacent walls. Now, also, do irritations and inflammations of the middle ear extend on to the membrane from continuity of surface. It readily follows that purulent inflammations of the middle ear may have their origin in the external ear, the perforation of the drum-head taking place from without inward; but by far the larger majority of otorrheas are primarily purulent inflammations of the middle ear, causing a perforation of the membrane and an appearance of the pus in the external canal. You have seen a large number of them in the various courses, and have heard that they were very frequently a sequela of scarlet fever, of measles, whooping-cough, often not traceable to any cause, came on after a severe ear-ache. In a report made before the Academy of Medicine on otology, and which will appear in the July number of the *Cincinnati Repertory*, I have called special attention to the anatomy of the middle ear, and have shown what the consequences of an otorrhea may be, and how they are brought on.

Perhaps I make a mistake in calling them the "consequences" of an *otorrhea*, for I may divert attention from the point, which is not the *discharge*, though of course that to parents is annoying



enough, but the *inflammation that produces the discharge*. The discharge only means that there is an inflammation. .

Even yet I find there is not only the overlooking and making light of such inflammations among practitioners, but the doubting of ignorance among people, not removed by physicians, of the advisability of checking an otorrhea. Would they have the same doubt if the mucous membrane of the eyelid was pouring forth pus in such a way?

You want to direct your attention to the condition of the inflamed membrane, only thinking of the discharge to remove it, so your remedies will reach the inflamed surface from which the discharge proceeds. I have shown you how this can be done in every case with the ear syringe and pure warm water. Then you have the entire class of astringents, both vegetable and mineral before you. There are no *secret remedies*. Success resides in your diagnostic and therapeutic powers.

The Germans are fond of zinc, two to six or eight grains to the  $\text{ʒi}$ . Try it. I use it and with success. Yet sometimes I must make a combination of zinc and acetate of lead. Again, a weak or strong solution of nitrate of silver is needed. There is one point always to be borne in mind, that no case will progress satisfactorily *unless kept free from the discharge*. Is the local treatment all? In many cases it is only good so far, that it is necessary, but more is needed, at least in keeping the case well.

*All such inflammations, as a rule, indicate a constitutional treatment just as certainly as do inflammations of the cornea.* Therefore, don't overlook the general treatment—a tonic one—iron, etc.

Permit me to recall to your minds one of the no unusual complications of otorrhea, viz: those fungous growths, polypi. It is pretty generally conceded that these growths come from the mucous membrane of the middle ear. We may have a polypoid degeneration of the ulcerated membrana tympani. You have seen a case where I removed an enormous mucous polyp (with Wild's snare), which came through a large perforation in the drum-head, a long standing case of the most offensive otorrhea, and where after having made use of chromic acid to destroy the base, the otorrhea ceased and the perforation healed. .

It seemed that we might take a hint for making a solution for reducing the inflammation in otorrhea from the results in this case of the acid. Of course the solution would need to be very weak, as the crystal is a most penetrating caustic.

I certainly trust, gentlemen, you will bear in mind the prominent points brought out during this course, unfortunately necessarily imperfect from the defects in our Dispensary arrangements for a special department, and the manipulations you have been allowed to exercise, will enable you to make a practical use of them.

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*Art. III.—Milk Sickness.*

By F. H. SALE, M. D., of Dillsboro, Indiana.

This term, "milk sickness," sounds, I know, and especially to the older members of the profession, as a voice from the long past; but strange as it may seem, it is in this locality a present fact—an existing reality.

A disease under this popular cognomen was prevalent over a large part of the West and South, or rather throughout the now cultivated part of the Mississippi Valley, during its transition state from a wilderness to cultivated fields. Any one curious on the subject will find in all of our Western and Southern journals a large number of articles written on this disease—some of the authors giving a history merely of cases; some detailing their treatment; while others, after embracing the scope of the others, essay the cause of the malady. The cause—the proximate cause—of milk sickness among those earlier writers and observers was, as it is still, somewhat veiled in obscurity. One writer attributes it to a certain plant; another to a peculiar vine; another to some mineral substance in the soil; another to miasma. So far as vegetables are concerned, a number have been arraigned; and if we could place implicit confidence in the prosecutor in each case, we would be compelled to convict; but, unfortunately, these observers and experimenters differ—one accusing the *rhus toxicodendron*; another contending that the *eupatorium ageratoides*—the "white snake root"—is the undoubted cause of "milk sickness," "the trembles," "the slows," "the tires." The latest accusation (*Medical and Surgical Reporter* for 1867) is by Dr. Sawyer, of Hillsboro, Illinois. He brings professional and unprofessional witnesses to prove that the white snake root is the guilty plant. Dr. Sawyer, of Madison county, Ohio, urges the same charge. He

believes, and he informs me that all his unprofessional neighbors do also, that the eupatorium ageratoides is, without doubt, the cause of "milk sickness." Upon this subject Prof. L. B. Yandell (Kentucky State Society Report, 1868) says: "There is something mortifying to professional pride in the reflection that, after all the attention bestowed upon this subject, and the numerous memoirs written upon it, so little has been determined in reference to the cause and nature of milk sickness. The cause of the disease is as profound a mystery as it was when the earliest physicians first began to speculate about it."

#### HISTORY: TOPOGRAPHY, SOIL, AND TIMBER OF THE INFECTED LOCALITY.

As there has been such difference of opinion as regards the disease known in the West as "milk sickness," "trembles," "slows," "tires," I propose to give a history of the affection so far as it has appeared in this section, showing itself in man and brute; when it was first known here, and its subsequent appearance each year; the number of cases and deaths, collected from the first settlers, and a description of the country; also, the history and treatment of some cases treated by my brother, Dr. Jas. H. Sale, Dr. O. A. Haines, and myself.

Thirty-three miles west of Cincinnati and seven miles from the Ohio river, the disease has been in a circumscribed location. Laughery creek, which is the southern boundary, runs nearly east; South Hogan creek runs due east; Allen branch runs nearly south, and intersects Hogan creek. The distance between Laughery creek and Hogan is three or four miles; a high range of hills intervene, and also between Hogan and Allen branch. The width of this infected district is one and a half miles, running north and south across the ridge between Laughery and Hogan, and to the midway of the ridge between Hogan and Allen branch. No cases have occurred except where stock have run at large, or were grazed on grounds that had not been cultivated. All the cases have been in these given bounds.

The soil is a black loam; limestone abundant. The growth of timber is of medium height, consisting of ash, walnut, hickory, sugar, elm, and locust, and an undergrowth of paw-paw and spice. No minerals are known to exist, save in one corner of the section there is quite an out-cropping of iron ore.

The disease is produced in the cattle while feeding on the high ground, but not in those grazed in the valleys.



It first made its appearance in the fall of 1818. Horses and cattle died of it. In 1825 there were four cases and three deaths. The cattle had the trembles. In 1830, six cases and five deaths; cattle were sick. In 1834, five cases and three deaths; cattle and horses had the "slows." In 1836, a cow died of the disease; two men skinned her, and a woman rendered the tallow. They all died of the disease two days after. In 1838, six cases and four deaths. In 1845, two cases and two deaths. These were peculiar and striking cases, and show the subtlety and far-reaching powers of this yet undefined poison. A young calf took the trembles and died; the cow was milked and the milk fed to two pigs that were in a pen; these pigs thrived and fattened, and in due time were slaughtered. The first meal that the man and his wife (owners of the pigs) took made them sick, and they both died in four days after eating the pork, with all the symptoms of milk sickness. *Neither cow nor pigs showed any signs of the disease.* In 1856, five cases and three deaths; one of these cases was caused from eating pork, and resembled the two cases given above. In 1863, three cases and two deaths. In 1870, seventeen cases and two deaths, the histories of which are here given, with a definition and diagnosis of the disease, its progress, and the treatment instituted.

#### CASES IN 1870.

Friday, October 6th. Wm. Powell, stout robust boy, 19 years old; complained several days of feeling tired and slightly chilly; constipation of the bowels; vomiting began at 2 o'clock P. M., the contents of the stomach.

7th. Has been retching and vomiting every few minutes a white glairy mucus; slight increase of temperature, pulse 80, and soft and chilly sensation; tongue slightly moist; no thirst; bowels constipated; had taken two pills the night before. Prescribed sul. morphia  $\frac{1}{4}$  gr. every two hours, whisky sinapism to the stomach, and podophyllum.

8th, 8 A. M. No change, vomiting bilious matter; complained of great nausea; decrepitus dorsal; seems to be complete relaxation of the muscular system; morphia sulphas gr.  $\frac{1}{2}$ , quinine gr. v, to be repeated as often as rejected.

4 P. M. Two powders were rejected, the third retained; pulse 108 and throbbing; skin hot and moist; chilly at times; rather stupid; two stools (scybalæ), quinine gr. v, every four hours.

9th, 9 A. M. Pulse 85; respiration frequent; deep inspirations; complains of being sick at the stomach; skin hot and dry; three stools alvine with some blood; tongue natural; no thirst. Treatment continued. Quinine and chicken broth.

11th. No change, and 12th no change.

13th. Phegmonous erysipelas began and involved one side of the face; gave him the usual treatment, consisting of iron and quinine and nourishment; became convalescent on 21st of October.

October 12th, 8 A. M. Martha Powell feels a general malacia; hiccough for twenty four hours; took purgative pills last night; she had two stools from the pills and refuses to take medicine.

4 P. M. Tongue moist and a slight coat; pulse 80 and soft; complains of being very sick at the stomach and vomiting glairy mucus; severe chill at one P. M., no heat following.  $\frac{1}{8}$  gr. morphia repeated every four hours, and podophyllum 1 gr.

13th, 8 A. M. Vomited every hour during the night, hiccough constant; no thirst; two stools, one hardened scybala, the other natural; skin cool; pulse 80 and soft; great distress at the stomach. Prescribed morphia sul.  $\frac{1}{2}$  gr., quinine 4 gr. every four hours until vomiting ceases, and sinapism to the region of stomach.

6 P. M. Vomiting and retching continues; catamenia made its appearance and ceased in two hours; complains of severe pain in the back; some symptoms of hysteria. Continued morphine.

14th, 8 A. M. No change, only the hysterical symptoms increased. Continued morphine and aqua calcis and clysters of warm water.

14th, 3 P. M. No change, save vomiting not so frequent; one free alvine stool; blister to epigastrium, and continue morphine.

15th, 8 A. M. Pulse 100 and full; skin hot and dry; tongue moist; retching and vomiting worse; very restless; no thirst; respiration natural, with occasionally a deep inspiration, and despondent. Sul. morphia gr.  $\frac{1}{2}$ , quinine gr. v, every three hours, until the retching ceases; and if rejected repeat at once. Blister filled well.

5 P. M. Pulse 105; skin hot and dry; tongue natural; no vomiting after the first powder; restlessness and distress continues; no stool; ordered the clyster again. Quinine gr. 3 every four hours. Morphia if necessary; whisky punch freely.

16th, 8 A. M. Pulse 130; tongue dry; skin cool; one stool; some distress; vomited once; hiccough continues. Oleum ricini; dress blister with morphia,  $\frac{1}{8}$  gr.; quinine, beef tea.

17th, 8 A. M. Pulse 100 and soft; skin cool; tongue natural but dry; two natural stools; thirst and burning of stomach; frequent exacerbations. Turpentine emulsion, and continue the above treatment.

7 P. M. Pulse 120; skin warm and dry; tongue red, pointed and moist. She has been very hot frequently during the day; has rested better to-day; continue treatment except the whisky, as it is disagreeable to the stomach.

18th, 9 A. M. Pulse 76; skin cool; rested well; tongue dry; some cough. Continue treatment.

6 P. M. Pulse 100 and feeble; tongue red and dry; slight cough; skin cool but has been very hot several times during the day; extreme thirst; some headache; some hysteria; one stool from clyster. Continue treatment.

19th, A. M. Tongue moist; pulse 115; skin dry and cool; intense thirst; abdominal tenderness general; some cough; rested better. Continue treatment, with the addition of turpentine stupes to the bowels.

5 P. M. Pulse 80 and soft; skin cool; tongue red and moist; general appearance better; some appetite. Continue treatment.

20th, 10 A. M. Pulse 96 and quick; skin natural; tongue moist and natural; slept well during the night; appetite better; no stool for thirty-six hours. Continue treatment and clysters of oil and turpentine.

21st, 8 A. M. Pulse 100; skin hot and dry; some headache; rested well; tongue moist; mucous rale over superior lobe of each lung; a moist hacking cough; thirsty and wants to eat. Continue treatment, with the addition of an expectorant.

22d, 8 A. M. Pulse 84; skin natural; complains of feeling cold; tongue moist and pointed; mucus less marked. Continue treatment, with fomentations to the chest.

8 P. M. General appearance better. Continue treatment.

23d, 9 A. M. Pulse 84 and feeble; general appearance better; slept well during the night; some tenderness of the bowels; difficulty of the lungs subsiding. Continue treatment.

24th. Convalescent.

October 5. Eli Powell has had a feeling of general malacia for several days, and constipation of the bowels and chilly sensations. For constipation he took 14 purgative pills without any effect on the bowels. He requested me to prescribe for the constipation. I



gave him 5 grains podophyllum which moved the bowels freely. He then went to work and labored six days as a hand on the railroad.

11th. Taken with severe chill. I prescribed morphia and podophyllum, which the stomach rejected.

12th, 8 A. M. Refused to take medicine, as he had only chills.

13th, A. M. Symptoms are worse; blister to stomach.

14th. Symptoms still worse;  $\frac{1}{2}$  gr. cal.,  $\frac{1}{8}$  gr. morphia every two hours; use syringe.

15th, 8 A. M. No improvement; mercury gr.  $\frac{1}{2}$ , quinine gr. v, to repeat after vomiting. Continue to use syringe.

15th, 6 P. M. Great distress; no vomiting after the second dose; one stool.

16th, 8 A. M. Skin hot and dry; pulse 80 and soft; retching during the night; tongue moist and coated yellow; blister looks well; dress blister with morphine; whisky, quinine, and oil prescribed.

16th, 6 P. M. Pulse 92; skin hot and moist; tongue coated and moist; very restless. Apply morphine to blister, castor oil and two drops of turpentine; sponge him with whisky and pepper; quinine and whisky every two hours.

17th, 8 A. M. Pulse 90; tongue moist; skin cool and moist; some hiccough and retching; two stools; general appearance better. Continue treatment.

8 P. M. Pulse 100; skin cool and dry; one alvine stool; some hiccough, but no retching during the day; ordered the blister re-applied and dressed with morphine. Continued treatment, with the addition of two doses of bromide of potassium, 15 gr. each, every two hours.

18th, 9 A. M. Pulse 100 and regular; tongue soft and flabby; skin cool and dry; vomited once and one stool; give quinine and chlorate potassa and whisky, and morphia to blister.

6 P. M. Tongue dry; pulse 120; skin hot and dry; sordes on teeth; thirst; resting well; sweat some during the day; some retching during the day. Continue potassa and quinine.

19th, 9 A. M. General appearance better; pulse 120; tongue red and dry; skin hot and dry; no stool for thirty-six hours; oil and turpentine as clyster; carbolic acid, 2 gr. to  $\mathfrak{z}$ , tablespoonful every two hours; continue chlorate potassa and quinine, and beef tea and whisky.

5 P. M. Pulse 105; skin hot and dry; no retching or hiccough;

very drowsy; can not get a correct answer from him. Continue treatment, and use syringe.

20th, 10 A. M. Tongue coated and moist; one stool from clyster; pulse 116; his general condition worse; a tendency to sinking; discontinue the acid; continue the whisky and beef tea in large quantities; sponging with mustard tea and artificial warmth.

7th, P. M. General appearance worse; pulse 110 and feeble; skin cool and dry; unconscious; no stool; has taken beef tea and toddy freely; takes two to keep him in bed; pupils dilated, yet respond to light; continue beef tea and whisky, and friction.

21st, 9 A. M. General appearance better; tongue moist; pulse 120 and fluttering; answers questions; he now tells when he wants to void urine; skin warm and soft; pupils natural; some squinting of both eyes; articulates naturally; has ceased to roll from side to side in bed; has taken one pint and a half of whisky since morning; continue the whisky and beef tea.

21st, 7 P. M. Pulse 145; skin hot and dry; tossing himself from one side of the bed to the other; tongue moist and coated; great distress; can get no correct answer from him. Continue treatment.

22d, 8 A. M. Tongue moist and coated; pulse 112; restless during the night; skin warm and moist; not so much squinting of the eyes; screams out frequently; throws himself from one side of the bed to the other;  $\frac{1}{8}$  gr. sul. mor. every two hours until he is quiet. Continue treatment.

6 P. M. General appearance better; has rested better; pulse 98, and regular; has taken two portions of morphia; stool and urine voided in bed, he being unconscious. Continue treatment.

23d, 8 A. M. General appearance better; rested better; skin hot; bowels moved once; tongue moist; perspired some during the night. Continue treatment.

8 P. M. General appearance better; pulse 95, soft; tongue moist and skin natural; used catheter. Continue treatment.

24th, 9 A. M. General appearance better; pulse 80; tongue moist; used catheter; rational; quinine and chlorate potassa mixture every six hours; diminish the quantity of stimulants, and give freely of beef tea.

He convalesced from this time on, and regained his former health.

George Powell: October 17th, 8 A. M. Complains of general malacia and headache, and pain in the back; tongue clean and moist; pulse 90; vomiting and constipation; prescribed four comp. cathartic pills, to be repeated in six hours if no action from the bowels.

7 P. M. Pulse 88; tongue red and moist; burning of stomach and throat; great distress in his legs, back, and head; hiccough, vomiting and retching occasionally some green mucus; rejected the pills; has taken oil and turpentine, and no stool; quinine gr. v., mor. gr.  $\frac{1}{2}$ , to be repeated as often as rejected until the stomach becomes quiet; used clyster.

18th, 9 A. M. Pulse 86; tongue red and moist; great lassitude; severe burning in the stomach; vomiting ceased, but continued hiccough; quinine gr. iij.,  $\frac{1}{4}$  gr. morphia, submuriat. gr. 10; repeat in four hours.

6 P. M. Pulse 96; skin hot; tongue presents a glazed appearance; two stools, bilious and mixed with blood; quinine and whisky every four hours; morphia to quiet.

19th, 9 A. M. Restless; general appearance worse; tongue moist; general abdominal tenderness; skin cool; five stools, somewhat alvine, with blood and bile; severe retching and hiccough; the carbolic acid mixture every two hours and a half; gr.  $\frac{1}{2}$  opii every four hours; blister six by eight to epigastrium; whisky and beef tea.

5 P. M. General appearance worse; pulse 78; skin cool; great distress; tongue red and dry; some retching, and no vomiting; two stools, of a black, jelly appearance; omit carbolic acid and opium, and continue treatment.

20th, 10 A. M. General appearance worse; general restlessness; pulse 112, small and corded; tongue brownish and dry; blister looks well; no vomiting or retching; quinine, whisky, and beef tea; sponging with mustard; morphia to blister.

7 P. M. General appearance bad; some hiccough; pulse 120, small; skin cool and dry; vomited some blood; one stool, bloody; restless, and constant moaning; complains of stomach and chest. Continue treatment; morphia and whisky as occasion requires.

21st, 9 A. M. General appearance better; pulse 100; tongue red and moist; skin warm and moist; rested better during the night; one bloody stool from clyster. Continue treatment, with sponging with mustard.

7 P. M. Found him pulseless, bathed in a cold sweat, and death closed the scene at 8 o'clock.



Phebe Powell: The history of Martha is hers to the 15th, save the menses and hysteria.

15th, 9 A. M. Tongue dry, and a brownish coat; retching, and no vomiting; sordes on the teeth; pulse 89, soft and throbbing; skin hot and dry; drowsy; blister did not draw; apply again; quinine and morphine; use the syringe.

5 P. M. Pulse 100; skin hot and dry; typhoid symptoms increasing; one free alvine stool, from the use of syringe, with the peculiar odor which is so characteristic of the disease; complains of sore throat; sul. quin. gr. iij.; morphia as required; whisky punch freely; chlo. pot. as a gargle.

16th, 8½ A. M. General appearance bad; pulse 130 and soft; skin dry and cool; three stools, such as when Peyer's glands are diseased much; tenderness on pressure over the ilium; tongue fissured, brown, and dry; sordes on the teeth; listless; seems to be sleeping, but answers questions; does not complain of the stomach this morning. Continue quinine, morphia, whisky, and beef tea freely.

5 P. M. General appearance bad; pulse 140; skin dry and hot; tongue the same; capillary circulation feeble; two stools, the same as the last; tenderness of the abdomen, but no tympanitis. Dress blister with morphine, and continue treatment.

17th, 8½ A. M. General appearance some better; rested some during the night; pulse 100, and quick; tongue the same; skin cool and dry; respirations thirteen, with a prolonged one every fourth or fifth one, which has been constant in all of the cases, but is more marked in hers this morning; two stools, no change. Continue treatment, with turpentine emulsion every four hours, and turpentine stupes to bowels.

7 P. M. General appearance the same; pulse 120, soft; tongue moist, and the coat changed to a gray; skin cool; some thirst; one stool, natural; wants to eat. Continue treatment.

18th, 9 A. M. Skin hot and dry; tongue dry, with a reddish brown coat; rested well during the night; two stools; complains of nothing; wants to eat. Omit morphine, and continue treatment.

6 P. M. Restless to-day; pulse 120, feeble; skin cool, though has been hot and burning several times during the day; one stool; tongue moist; feels like fainting if her position is changed. Continue treatment.

19th, 9 A. M. General appearance better; rested well, but no

sleep; pulse 110; tongue softer than yesterday; skin dry and cool; less tenderness over abdomen; some appetite; one natural stool; some hiccough. Continue treatment.

5 P. M. General appearance better; resting well, but no sleep; pulse 100, soft; skin hot and dry; tongue brown and moist; one natural stool; still hiccoughing. Continue treatment, with morphine to procure sleep.

20th, 10 A. M. General appearance better; skin hot; less abdominal tenderness; pulse 92, soft; tongue moist, and coated in the center; two stools, green. Continue treatment.

7 P. M. General appearance better; pulse 88; tongue brown and moist; wants food; rested well to-day. Continue treatment.

21st, 9 A. M. General appearance about the same; pulse 100; skin hot and dry; tongue brown and dry; quiet, but sleeps none; head hot; sore throat; some hiccough after taking drink; abdominal tenderness less. Oil and turpentine to move the bowels; continue treatment.

6 P. M. General appearance the same; pulse 95; skin cool; throat better; tongue dry; rested well, save hiccoughing. Repeat oil and turpentine, as the bowels have not moved, and continue treatment.

22d, 8 A. M. General appearance better; abdominal tenderness subsided; pulse 90, and feeble; some hiccough; tongue moist; one stool. Omit turpentine emulsion and stupes; continue treatment, with toddy and beef tea, all she will take.

5 P. M. General appearance not so good; pulse 104; tongue dry and brown; skin hot and dry; complains again of throat; one stool from oil and turpentine, natural. Continue treatment and increase morphia, as she is not sleeping.

23d, 9 A. M. General appearance about the same; pulse 92, soft, and of more volume; skin warm and dry; tongue dry, with brownish patches; she began to menstruate during the night, and she feels better since; some thirst this morning; throat better. Sponge the surface with pepper and whisky, and continue treatment.

8 P. M. General appearance better; pulse 98, soft and full; skin natural; sweat some during the day; vomited once from too much fluid; tongue moist and cleaning. Continue medicine.

24th. Convalescent.

David Powell had about the same prodromal symptoms as the others to the 16th.

October 16th, 8 A. M. General appearance drowsy, stupid, listless; pulse 100, full; skin moist and hot; tongue coated and moist. Use syringe to move the bowels; quin. gr. ij. every two hours, and cold sponging.

17th, 8 A. M. General appearance the same; pulse 90 and soft; skin hot and moist; two stools scybala; some retching and hiccough. Quin. gr. iij. every four hours.

7 P. M. General appearance same; pulse 82, soft; skin cool and dry; has been very hot at times during the day; very restless; tongue moist and white coated; great nervous prostration. Continue treatment, with mor. gr.  $\frac{1}{8}$  at 9 to-night.

18th, 9 A. M. No change in general appearance; pulse 100, full and soft; skin cool; tongue dry. Oil and turpentine (syringe); quin. and chl. pot.

6 P. M. General appearance the same; pulse 90, soft; tongue moist and coated; one stool. Quin. and potass. continued.

19th, 9 A. M. General appearance heavy and bad; pulse 90; skin dry and hot; tongue dry and coated; general abdominal tenderness; some thirst. Continue quin. and potass., with turpentine to abdomen.

5 P. M. General appearance somewhat better; pulse 98; skin hot and dry; tongue red and moist; one natural stool. Continue treatment; whisky and beef tea freely.

20th, 10 A. M. General appearance better; pulse 70; skin natural; tongue slightly coated and moist; wants to eat; not so stupid and dull. Continue prescription.

7 P. M. General appearance better; pulse 80, soft; skin natural; tongue moist and clean; wants to eat. Continue treatment, with oil and turpentine to move the bowels.

21st. Convalescent.

George Powell, the father of the cases reported, aged sixty-three; intemperate habits; has not used either milk or butter since the 8th of October. The 1st of November he began to feel tired, and his legs would give out if he attempted to walk; his stools were very black and hard; on the 4th, hiccough began; no movement of the bowels from the 3d to the 7th; vomiting began on the 6th. The course of the disease was much the same as the



other cases, only there was more precordial distress. Castor oil, turpentine, and the syringe overcame the constipation; quinine and morphia, and blister to stomach arrested the vomiting; carbolic acid silenced the hiccough. On the 14th, plegmonous erysipelas made its appearance on the forehead, which involved the entire face, scalp, and neck. It was relieved on the 23d by the ordinary local and constitutional treatment. It seemed when the erysipelas made its appearance in this and the first case, there was a subsidence of all the other difficulties.

He was dismissed cured on the 24th.

Jacob Morgan, aged 32, of intemperate habits; had been boarding at Mr. Powell's since September last, and nursed them in their sickness. He stopped the use of milk and butter at the time that Geo. Powell died. He moved his boarding house on the 24th of October. He was taken sick the same day and way that the father of the Powells was. He was attended by Dr. Lord, an eclectic. I was requested to see him on the 11th; he was then dying; he was still vomiting. Had had no action of the bowels after he was taken down. He died that night.

Oct. 14. I found Martha, whose case has been reported, sick and vomiting. I learned that she had had a chill at school, and got wet, as she said, going to school that morning. She had not had a stool for two days. I learned that she had been eating butter for several days. Her case had the same complication as it had at the first attack—suppression of the menses, hysteria, and the lung trouble. She had about the same treatment, save for the constipation, which was very stubborn. She took elaterium, gr. viii, and croton oil, gtt. vij, in twelve hours; it was all retained; the syringe was used with as much warm water as the bowels would retain every hour; after the bowels moved, and the hardened scybala came away, there was no more trouble in that way. She was dismissed cured on the 24th.

I was called to Jacob Wise on the 14th. I found himself, wife, and four children suffering in the same way as the other cases. Mr. Wise and three children soon recovered, after the arrest of vomiting, and free purging. The other case was a boy twelve years of age. His case was very stubborn, though it finally yielded to treatment, and he was dismissed cured, on the 24th. Mrs. Wise died on the 21st. To give her case would be a repetition of George Powell's case, who died.

## SYMPTOMS.

Dr. John Dawson (Proceedings of the Medical Convention, 1842) thus succinctly gives the prominent, the marked symptoms of the disease, and what Dr. Dawson wrote, in 1842, of the malady in Greene county, Ohio, is essentially true of the disease as it occurred in this locality in 1870, after a lapse of almost thirty years. He says: "*The most of the above symptoms are present in every case of the disease that we have witnessed; but those mostly entitled to the character of pathognomonics are muscular debility, thirst, vomiting, and constipation.*"

## NATURE AND CAUSE OF THE DISEASE.

Dr. Drake investigated this peculiar disease in that part of the Mississippi Valley surrounding Cincinnati, but arrived at no conclusion in reference to its cause—the point in its history on which there has been most speculation. The memoir which he has left, published in 1841, after giving all his observations, collected from personal interviews with the most accomplished physicians in the localities visited by him, gives us no light upon the origin of this mysterious affection.

Dr. Graff, of Edgar county, Illinois, wrote an article on this disease in 1841. See the American Journal of the Medical Sciences, page 351, and, by the way, we may remark that it is the only article found in that valuable journal on this subject. Dr Graff details the symptoms with intelligent fidelity, and they agree essentially with those given by Dr. Dawson, and with all who have written on this subject. He emphasizes one symptom which is not sufficiently presented by other observers: I refer to the *odor of the breath*. He says: "As a premonitory symptom, a peculiar and indescribable fetor from the lungs is the most prominent, and so universally have I found it present and to precede the disease, that in almost every instance where I have been brought in proximity to a person predisposed or attacked, have I been able to fortell its approach, and pronounce the character of the disease." Another symptom, not mentioned by other observers, is the increased size of the tongue in those persons affected. He says: "Next to the fetor mentioned, the change of volume occurring in the tongue may be viewed as the great characteristic of this disease. It rapidly attains an inordinate size, completely filling the mouth, and so flabby and soft in its texture, as to retain perfectly the impression of the teeth when protruded."

"The primary operation of the poison," says Dr. Graff, "seems to be on the brain and nervous system, and this is indicated by the cerebral visitation, which so often precedes and always accompanies an attack, as well as by autopsic appearances. Without an exception, in the animals poisoned I always found the brain and meninges phlogosed with a greater or less degree of inflammatory action."

Dr. J. Newlin Smith, in an inaugural thesis submitted in 1837 to the faculty of Transylvania University, in writing upon the symptoms of the disease, mentions *constipation and a peculiar odor of the breath* as the characteristic symptoms of the disease. In arranging the symptoms, he divides them into three stages: "The first, or premonitory stage, is characterized by a sense of general debility, particularly after exercise; a slight burning sensation at the pit of the stomach and along the course of the œsophagus, with occasional nausea and shortness of breath, great weakness and trembling of the knees, with frequently an aching of the calves of the legs." Violent exercise brings on the second stage, "which is characterized by an increase of all the foregoing symptoms—burning pain in the stomach, with a sense of severeness to the touch; small, quick, hard, and chorded pulse; constant vomiting and ineffectual efforts to throw off anything; palpitation of the heart. The tongue is often covered in the commencement with a thick, whitish coat, but as the disease advances it frequently becomes clean, red, and glossy. There is an icy coldness of the extremities and a thirst for cold drinks, so overpowering that it is impossible for those who have not witnessed its effects to conceive of it. The eye-balls are thrown up, and the countenance is expressive of the greatest anxiety and suffering; the bowels are in a perfect state of inaction; the only cry is for water—cold water—but the least indulgence seems to aggravate every symptom. The debility and prostration are increased to an alarming extent; most of the interior organs become involved; the secretions in general, and particularly of the liver, are locked up, and all the morbid sympathies of the system are in active exercise.

#### CAUSE OF THE DISEASE.

I have already given the white snake root—the *cupatorium ageratoides*--as the cause, this vegetable being charged early in the history and as late as our last decade. In the *Transylvania Journal of Medicine* for 1836, Dr. Azariah Shelton urges that it is a mineral poison. He says this disease is generally met with in



the immediate vicinity of mines, though it must be admitted that there are exceptions. In most parts of Tennessee it prevails in the neighborhood of iron ore, which is mixed with a variety of the metals. Dr. White, in the same journal and same year, attributes the disease to a mineral poison, and gives the following cause in corroboration of his opinion: "A respectable farmer informed me that his cattle had been in the habit of frequenting a pasture ground, in company with his neighbor's, on the opposite side of the creek from him. In returning home, his cattle were obliged to cross the creek. For many years not a case of the disease appeared among them, while his neighbor lost some forty or fifty head during that time. The animals of the latter did not cross the creek, but drank at another stream. Both herds ranged the same woods and fed on the same herbage. It is presumable, therefore, that the disorder was produced by the water, and in confirmation of this opinion, this individual further stated to me that, suspecting a spring at which his cattle drank to be the origin of the evil, he set to work felling trees around it so as to exclude his stock from it, and that afterward they suffered no more with the disease for several years. At length, however, it recurred again, and on examination it was found that the spring had become accessible from the decay of the timber. The inclosure being repaired, and the cattle shut out from the water, the disease a second time disappeared."

Dr. McAnnelly, in the same journal of the same year, says: "We do not know certainly the cause of milk sickness." He gives the most plausible—the rhus toxicodendron, of Dr. McIlhaney, of Greene county; the lobelia inflata of numerous observers, etc., etc., but comes to no conclusion. He is prepared to convict no vegetable or mineral poison.

And thus, after going through all the literature of this subject, we find very great diversity of opinion in reference to the cause of this peculiar disease. One observer believing that he had cut the gordian knot, arraigned *arsenic in the soil* as the cause. Subsequent investigations showed that no arsenic could be detected in the infected districts. This castle, like all others, crumbled. No vegetable or mineral has yet been identified as the cause of milk sickness. Iron, arsenic, etc., have been excluded.

Shall we offer a theory at this late date, when milk sickness has well nigh disappeared from the Mississippi Valley?

If we have an opinion, it is that this disease is of the zymotic

variety, and *has a malarial origin*. The autopsies made by us years ago showed a decided inflammation of the mucous membrane of the stomach and small intestines. May it not be phlegmonous erysipelas of an æsthetic grade?

In confirmation of this suggestion, we may mention the fact that when phlegmonous erysipelas attacked the face and scalp in the cases reported, all the grave symptoms, such as distress at the pit of the stomach, vomiting, constipation, etc., subsided.

Why should not malaria produce a specific disease in the animal as it does in the man, and there generate its own peculiar poison—a poison that is transmitted to the milk and flesh of animals, and through these to the human species? May we not in this manner account for "*low fevers, scarlatina, diphtheria, and erysipelas?*"

We have thus in this paper given the opinions of the earlier writers on this disease—those most conversant with its progress and peculiarities—and our own speculations. The first is as unsatisfactory to us as the latter is indecisive to our readers; and in giving the history of milk sickness in this, its latest manifestations, we feel that we are far from solving the vexed question—the *origin of this strange malady*.

We trust that we will be the last chronicler of the ravages of this troublesome, and, to some extent, uncontrollable visitant of this locality.

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#### CHAMPAIGN COUNTY MEDICAL SOCIETY.

At a regular meeting of this Society the following resolutions were unanimously adopted:

*Resolved*, That we condemn the course taken and declarations made by Dr. W. M. Houston, as unprofessional and at variance with the recognized principles of our Society, and that we expunge his name from our rolls, and expel him from further membership in the Champaign County Medical Society.

*Resolved*, That each member of the Champaign County Medical Society shall consider it incumbent upon him to make out a statement and settle with each patron as often as once in six months.

J. M. MOSGROVE, M. D., *Pres. pro tem.*

H. J. SHARP, M. D., *Secretary.*

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Dr. Seely* called attention to the well-known fact that foreign bodies lodging in and remaining in the eye invariably produce sooner or later sympathetic trouble in the other eye. Also, another fact not probably so well-known, that wounds of the eye, especially in the ciliary region, were liable to produce sympathetic ophthalmia—and illustrated the fact by citing a case that occurred recently in his practice, where he was obliged to remove an eye-ball on account of an individual having made a bad incision for cataract extraction. The wound remaining painful, produced a sympathetic neurosis in the opposite eye. He laid down a general rule in those wounds in the ciliary region, *that so long as they remain sensitive to the touch*, the patient is not free from danger of sympathetic trouble. The speaker further remarked that the longest length of time he had known a foreign body to remain in the eye was twenty years.

*Dr. Stevenson* referred to a case where a piece of percussion cap remained in the eye nineteen years. The patient is still living and sees well.

*Dr. Juler* made some interesting remarks on sympathetic and reflex action generally, and cited numerous cases in illustration of the subject.

*Dr. Ludlow* reported the case of a Mr. E., of Brookville, Ind., who came to him with primary syphilis. He had chancre and bubo, for which the speaker soon gave him relief, and did not see him again for eighteen months, when he found his patient laboring under constitutional syphilis, with eruptions commonly known to that stage of the disease. At this period he complained of loss of sight in the right eye. The speaker told him he thought there was no disease of the eye, but that he thought there was a tumor forming behind the eye-ball and within the orbit. He was confirmed in this opinion by the appearance of slight exophthalmus. He at once put his patient upon anti-syphilitic treatment, and



continued it until the eruption had disappeared from his body. All this time the exophthalmus grew worse, until about the beginning of 1870, the eye-ball was almost completely pushed out of its socket.

The speaker then thought it his duty to consult an oculist, and accordingly took his patient to Dr. Williams, who examined the eye, and stated the only relief he could give was the removal of both the eye-ball and the tumor. The tumor he looked upon as of an osseous nature. Dr. Williams refused to operate, as he feared, through sympathetic irritation, inflammation might set up in and destroy the sound eye. The sight of the sound eye up to this time had not been affected in the least, which led the speaker to believe that the rule laid down by Dr. Seely was not always positively true in all cases.

*Dr. Seely* remarked that some time ago he removed the tumor from the eye of the patient referred to by Dr. Ludlow. The tumor was of a fibrous nature, and attached by a very small pedicle to the apex of the orbit.

*Dr. Thornton* reported a case of sudden death, after a full meal, of a gentleman who came to him six weeks ago for treatment. The patient looked sallow, and had slight œdemas of the feet. On examination he found some trouble about the heart, and his diagnosis was a want of tonicity of the valves of the heart.

*Dr. McKenzie* exhibited pathological specimens of brain, kidneys, and heart, with remarks, taken from the case just reported by Dr. Thornton. The kidneys were found atrophied; the liver in a state of incipient scirrhus, hard, red, and cut more firmly than healthy liver. The heart was patulous and empty; mitral and aortic valves thickened. The brain was found to contain a substance in a softening condition. The arteries at the base of the brain were atheromatous. The speaker remarked that the case presented points of interest. The patient had been a painter by trade, and subject to the influence of lead, which acts upon the kidneys to produce a granular condition of those organs; this caused an enlargement of the heart from the increased pumping it had to do.

*Dr. Carson* remarked that the case, with the specimens, reported by Drs. Thornton and McKenzie, is interesting, both pathologically and clinically. It might be a question as to the condition of the brain substance preceding the apoplectic attack. He believes there was no anterior softening, and that the morbid anatomy does not contradict the supposition of the whole symptomatology having its

origin in the granular kidney. The apparent softening adjoining the clot is due to infiltration of serum, and not to disintegration of brain tissue. There are none of the large granular corpuscles and debris to be found, such as are met with in senile softening. Another fact in favor of the view that there was no anterior softening, is the absence of any change in the superior convolutions of the hemispheres, other than the flattening produced by the clot within. The frequent concurrence of central and convolucional degeneration is emphasized by Laborda, and he has been often able to predict that central would be found, after having found the superficial one. He states that the softening of the anterior part of the corpus striatum will concur with that of the anterior superior convolutions, and so on with the middle and posterior parts. This corresponds with the anatomical and physiological connection of these parts with each other, by what Guy calls his "system of superior converging fibers." The whole aspect and associations of the case are those of a morbid development from the granular kidney, which was produced by the unhealthy occupation of the man. As Dickinson estimates, one-half of the painters die of that form of Bright's disease.

The small amount of albumen, the increased amount of urine, the epistaxis, and the unexpected termination of insidious symptoms in the apoplexy are characteristics of the disease. There are some apparent contradictions between different accounts of the condition of the minute vessels in Bright's disease. Dr. Geo. Johnson, in fifty-seventh volume *Medico-Chirurgical Transactions*, describes them as being much hypertrophied in their walls and as capable of great resistance to the action of an hypertrophied heart, yet we know that it is the vascular degeneration that is accountable for the apoplectic event. We may suppose, however, that the hypertrophied vessels, following a pathological law, become ultimately degenerated. A distinction between the condition of the vessels in senile softening and those in the apoplectic brain is described by Charcot. He maintains that it is the endosteritis, which is the cause of degeneration in senile softening, and that it is periosteitis, producing aneurismal dilatation, or the miliary aneurism, which is the source of the hemorrhage in apoplexy; we have seen the latter condition, but were not able, after only a brief examination, to discover it in this specimen.

*Dr. Comegys* reported a case of embolism of middle cerebral artery; white softening, with hemiplegia of left side.

Christ. D., a German, seventy-eight years of age, entered the Cincinnati Hospital, March 31. His mental condition was so defective that it was nearly impossible to obtain any intelligible account of his history. Said he was a carpenter, and twelve days before had retention of urine, which was soon followed by loss of use of the left side of his body.

He is of large size and quite corpulent. The left side of the face and the whole of the left side are paralyzed in sensation as well as motion; tongue slightly deflected to the left; some degree of reflex action seen on extremities when pricked with a pin; electro-muscular contractility exists in affected side by Farædic currents; a large, unhealthy ulcer on each leg, which he intimated had long existed. He died in eight days. Post mortem was made by Prof. W. H. Taylor, Pathologist to Hospital. The most noted conditions presentable were atheromatous degeneration of the arterial system, beginning at the heart, and especially seen in the jagged lining in the arch of the aorta, and in the vessels at the base of the brain. Right middle cerebral artery distended by a firm plug, commencing about an inch from the carotid artery. The right hemisphere, especially the posterior, is so soft as to have lost its form; the substance in its posterior two-thirds is very soft and of a dirty yellowish color. Kidneys soft, infiltrated, and with numerous cysts. Heart large and quite soft.

In this case, the fibrin which formed the plug was evidently whipped out of the blood by the roughened lining membrane of the vessels.

*Dr. Murphy* reported a case of paralysis of left side from syphilitic infection. The patient first complained of a sensation of drunkenness, laid down, had a short sleep, and woke up with paralysis of left side. Dizziness in the head was at times distressing, yet the patient, at time of report, was doing well. For want of explanation of the case, the speaker gave large doses of iodid. potassium, although he had many reasons for not giving it.

*Dr. Carson* reported a case in some respects similar. His patient complained mostly of headache. The paralysis disappeared completely.

*Dr. Tibballs* reported the case of a female, who, eleven years ago, lost her leg by amputation from malignant tumor. She had enjoyed quite good health up to a recent period, when she became despondent, and complained of the left limb. In January last she had neuralgia, which was readily relieved. In February she



could not read well; the letters appeared to her to be jumbled together. On the 10th of March she became so depressed and stupid that she thought she was going to die. On the 14th of March the speaker was called, and found her with a severe pain in the head. The paroxysm of pain returned every other day, so on the 16th and 18th she had the pain again. Drs. Juler and Stevenson were then called in consultation; at this time not so stupid, but in good spirits. On the first of April there was loss of co-ordinating power of the left hand, and during the paroxysm she could not talk well. She continued in this condition until the middle of April, when she lost the use of the hand, and the aphasia grew worse, so she could not talk, only in monosyllables. She had convulsions, and on the 10th of May died.

*Dr. Carson* exhibited pathological specimens, with remarks, taken from the case narrated by *Dr. Tibballs*. The brain is irregular and exhibits a tumor, a microscopic examination of which shows it to belong to the malignant variety. Surrounding the tumor was a considerable softening of the brain. The points of interest in the case were the intermissions and the cause of the aphasia from the peculiar locality of the tumor.

*Dr. Stevenson* made some remarks in reference to the history of the case, and said he had often thought it strange that the patient should live so long, ten or eleven years, after such encephaloid involvements as caused her to lose her leg.

*Dr. Young* said he had two cases of interest to present to the Academy:

I. A man died a few weeks ago, under the following circumstances: For a long time he has been very intemperate; usually amiable when under the influence of liquor; epileptic; on a spree for several days before his death; contrary to his habit, irritable, and while at a saloon was so offensive and boisterous that he was put out; in the ejection he fell upon the sidewalk; became insensible; was removed first to station-house, then to his residence; never became conscious, and died in twenty-four hours.

*Dr. McPeak* attended him, but at the inquest *Dr. Young* assisted. Found externally only a slight scalp wound, a contusion; removing the skull found no effusion corresponding to contusion; at and about the base of the brain redness, small clots at various points, dipping into convolutions; a general congested state of the base of the brain.

The question arose: Did this man die from the injury received

when ejected from the saloon, or was his death attributable to his general condition? Dr. Young inclined to the latter opinion. This man had been in a continuous debauch; was subject also to frequent epileptic seizures; the general congestion he believed was referable to continuous intoxication, and probably the excitement of the occasion produced an epileptic condition, aggravating the previous alcoholic state of the brain.

Case II. he regarded as a tumor of the brain. The patient has been under his observation for one or two years; at first he only observed a broken down condition of the system, for which he gave tonics, etc. Subsequently he was requested to examine an ulcer on the lower part of the sternum; in his opinion it exhibited syphilitic traces; there were other distinct evidences of a syphilitic taint; he gave iodid. of pot., and in a short time she resumed her usual health. From time to time she was under his further treatment with "rheumatic pains," etc. A year ago, pains in left side of the head; then an ulcer on the forehead like the ulcer on the sternum. All these symptoms the doctor regarded as syphilitic in their origin. He again gave iodid. pot. and tonics, with good effect as before.

Last spring she became peculiarly irritable and partially insane; there were also attacks of hysteria, greatly to the annoyance of the family and neighbors. Then she became paralyzed on the right side, with confusion of speech, and confusion in attempts at ordinary purposes of locomotion—thus, if she started to take a drink of water, perhaps she would lift a stove lid, etc. The same treatment of iodid. pot. was continued, with bichlor. mercury, bromid. pot., etc. She gradually improved.

Last August, again stricken down in an insensible condition; profound paralysis; left eye dilated; same treatment, especially the cor. sub., in doses of 30th gr.; has gradually improved and is now able to go about, but is imbecile in mind, and becoming continually more feeble in her mental condition; thinks she will have a final seizure at some early date, and thinks the symptoms point to a probable tumor on left side of the brain.

Dr. Kearney said that in regard to the first case, he could not entirely agree with the conclusions of Dr. Young. He thought the *fall* on the sidewalk had some connection with the final result.

Dr. Young again reviewed the points of the case, pointing out the excess of congestion and effusion of clots, as compared with the

external injuries. Thought the congestion, as shown in the base of the brain, was inconsistent with the external manifestations, and in view of the epileptic condition and habits of the patient, regarded these as the more rational explanation of the causes of death.

*Dr. Muscroft* has knowledge of a similar case as No. 1 of *Dr. Young*; in that case *Dr. Carson* made the post mortem. It was claimed that death resulted from violence. So far as he remembered, there was similar congestion and deposit of clots as in the case of *Dr. Young*. He would be glad if *Dr. Carson* would relate the pathological appearances of that case.

*Dr. Carson* said the man was struck with a mace on the left parietal bone. Examination disclosed a fracture down to base of the brain. There was an effusion of blood over the brain and effusion at the base.

[In reply to *Dr. Young*. This man lived 24 hours.]

*Dr. Muscroft* said, in regard to the head injuries, it was remarkable as to the difference of fatal result and rapidity of fatal symptoms as compared with the extent and character of the injury. Thus, a child sitting on a doorstep fell one step on the pavement, it died in less than one hour. He had known of several similar cases. Take an example: was called to see a man who had been on a "spree;" found him comatose; could not be aroused; attempted it in vain; the only explanation was "*spree*." I inquired had he had any injury of the head? Yes; fell last night while playing with the children, striking his head on a shell, but it was not considered of any importance. A barber dressed the wound, and he spent the night playing cards! On examination, found a small scalp wound, with a slight indentation of the cranium; the external wound so small that he could scarcely introduce a probe. Diagnose compression of the brain, and proceeded to trephine with a very small trephine. Removed a small piece of bone from the side of the external injury with prompt relief to the patient. Afterward, ulcerative processes threw off a large piece of bone, then very ultimate recovery. *Dr. Muscroft* thought the compression in this case was due rather to the pressure of the clot than the depression of the bone. During convalescence, the patient had a severe coughing fit, and threw off a clot from the brain wound of two oz. This gave the patient great relief, and he continued thereafter to improve rapidly.

The inference is that we can not associate any definite relation between external injuries and fatal results.



*Dr. Carson.* Dr. Dawson was unable to give the history of one of his cases in the report which he made to this Academy of brain cases. The case was that of a man who had a piece of gas tube thrust through his brain.

*Dr. Young* said he thought the particulars of the case in question could be found in some number of the *Indiana Medical Journal* during the last year.

#### CLARKE COUNTY MEDICAL SOCIETY.

The twentieth annual meeting of this Society was held on the 4th of last month (May), commencing at 10 o'clock A. M.

Present—Drs. Bruce, Bryant, Buckingham, Dunlap, Hazzard, Houston, Hunter, Kay, McLaughlin, Owen, Orner, Pollock, Rector, Reddish, Reeves, Rodgers, Rice, Richey, and Whitehead.

An election of officers for the ensuing year was held, resulting as follows:

President, H. Senseman; First Vice-President, W. G. Bryant; Second Vice-President, Calvin Pollock; Secretary, Isaac Kay; Treasurer, J. H. Rodgers.

Board of Censors, A. C. McLaughlin, A. M. Whitehead, R. Rector, E. M. Buckingham, and J. H. Rodgers.

The retiring President (Dr. Buckingham) then delivered a valedictory address upon leaving the chair to his successor in office. The address abounded with wise and well-timed sayings in regard to the general scope and purposes of the medical profession. The Doctor received the hearty thanks of the Society for his interesting contribution, a copy of which was requested for publication.

After adjournment for dinner, the Society met again at half-past one o'clock P. M. Dr. Hazzard read an elaborate essay on "Puerperal Fever," treating especially of its specific and epidemic character and contagiousness. The subject of "Puerperal Fever," in all its aspects, was then fully discussed, and several votes of the Society were taken upon certain categorical questions proposed upon the subject in hand.

It was resolved that hereafter the Society hold its meetings monthly instead of every two months, as heretofore.

Drs. Owen and Rodgers were, on motion, appointed a committee of two to select subjects for discussion.

The subject announced for the June meeting is "Opium."

The Society then adjourned to meet on the first Thursday in June.

## CLARKE COUNTY MEDICAL SOCIETY.

[Second Session of the Twentieth Year.]

The Clarke County Medical Society held its regular June meeting on Thursday afternoon, June 1st, commencing at half-past one o'clock. The President (Dr. Senseman) was in the chair, and after some preliminary business, he announced the topic for discussion—*Opium*.

Dr. Hazzard commenced the discussion by saying that the subject was not a new one. It was one with which the profession had long been familiar, and it was fraught with interest. In giving opium the physician had to be governed by the age, sex, temperament, and many other conditions of the patient. It was improper to use it in many of the inflammatory diseases. It should be used with caution in pneumonia, and in other inflammations involving the substance of the viscera. Opium should be avoided where there is a tendency to coma. In a practice of twenty-one years he had not used one grain of opium, all told, in the diseases of children under ten years old. He regarded it an unsafe remedy in quite young children unless very carefully watched. The doctor had seen children brought to the very verge of *delirium tremens* by the constant use of Bateman's drops and Winslow's soothing syrup, the active ingredient of which was opium. Its habitual use begets a vicious appetite.

Dr. Kay remarked that the medicine under consideration was one of the most important, if not the very most important, article of the *Materia Medica*. No remedy was before it in regard either to antiquity or efficiency. Opium, or rather the plant from which it was taken, was described by Homer, who speaks of the poppy under the name of *Mekon*. This article was used as a medicine by Hippocrates, and it had been mentioned by Dioscorides and Pliny. For more than twenty-five hundred years, opium had been almost the exclusive dependence in all intensely painful affections of the human body. The most prominent effect of this medicine upon the lower animals, as well as upon man, was the inducing of sleep. It was found that in making an application of a strong solution of opium even upon plants, that the effects were strangely marked. The stamens of the barberry and the leaves of the sensitive plant lose their contractility, the circulation of the sap is retarded, and even arrested, by contact with this powerful narcotic agency.

In the lower invertebrated animals, where there was no development of a central nervous mass, analogous to a brain, opium given in overwhelming doses brought on palsy of the contractile tissues, and finally death. In the vertebrated animals, where there was a greater development of the nervous system, inclusive of a central mass large enough to be called a brain, there was a greater number of characteristic symptoms caused by opium. In *fishes* and *reptiles*, in addition to the impaired contractility of the tissues, there were also convulsions, in which the body was bent *laterally*, whilst in the higher vertebræ, including birds and animals, these convulsive contractions bent the cervical and caudal extremities of the vertebral column upward or backward. He was now speaking of what might be regarded as poisonous doses of opium.

But it was upon man, possessing the most highly developed nervous system, and incomparably the largest brain, that we saw the most interesting and marked effects of the drug. These effects differed somewhat, according to the different sized doses used. In *small* doses, as from one-fourth to one-half grain, it stimulates the system, accelerates the pulse, and keeps up wakefulness. In *full medicinal* doses (from one to four grains) the stage of excitement is extremely short, followed by depression of the pulse and diminished sensibility. In *overwhelming* or poisonous doses, giddiness, nervous and muscular prostration, deep somnolence, and often death follows the administration in more or less rapid succession.

Much might be said concerning the influence of opium eating and smoking. In this practice the Chinese, Turks, and Persians take the lead, but for the information of those seeking a knowledge of the mental, moral, and corporeal effects of the habitual use of this stimulant and soporific, we would refer them to "De Quincey's Confessions of an English Opium Eater." A notable fact might be mentioned in this connection, viz: that notwithstanding the diminished use of opium of late years by the regular medical profession, yet the imports of this day from foreign countries were greatly increasing. What was done with the excess?

The doctor next proceeded to notice the therapeutic features of the subject. The consideration of opium invariably occupied a larger space in all our treatises on therapeutics than any other one article, with the exception of cinchona. Opium had received a still greater importance since the discovery by the organic chemists of the various alkaloids contained in the drug. As before these discoveries, this great narcotic had reigned for thousands of



years without a rival in its own peculiar field, so afterward it received a new lease of its life by putting on new strength, and of course it continued peerless in the realm, as a permanent anæsthetic, until last June one year ago, when a champion arose in Germany, which had caused opium to look well to its laurels. The hydrate of chloral had put in its claim, and that claim was becoming generally allowed. It was found that the new hypnotic produced a longer, more quiet, and complete immunity from pain than opium. It caused less disturbance of the liver, stomach, and other important organs of the body than the article under discussion. It left the nervous system in a better condition, and caused less derangement of the circulation. For these reasons the hydrate was more admissible in fevers and all inflammatory diseases. And to crown the whole list of medicinal virtues, this new candidate for popular and professional favor was far safer in many instances, and more amenable to the control of the practitioner than opium. This brilliant discovery has rendered the whole opiate question more interesting than ever before.

Dr. Ritchey said that opium was one of the few drugs in which he had confidence. He had used it in the army with great satisfaction. He had no experience with hydrate of chloral, but thought that it was not so good a substitute for opium as Dr. Kay regarded it to be.

Dr. Bryant thought that opium was one of the physician's sheet anchors in the treatment of disease. He had used it from the beginning of his professional career, and had used it in cases where practitioners were afraid of it, but that he found it to fill his expectations. He had treated fevers, even with strong brain symptoms, and that, too, with satisfactory results. He regarded opium as not only perfectly safe in this class of cases, but urgently demanded. Whilst this medicine might cause a determination of blood to the head, yet it had such a prompt effect in quieting the delirium as to more than counterbalance all its supposed bad effects. Sleep and rest become a necessity to the patient. Long continued sleeplessness and restlessness and the consequent exhaustion is more to be feared than congestion itself. As a general thing, however, opium should be given as little as possible. The perverted appetites and tastes which are generated by its frequent and habitual use are greatly to be deprecated. Many have had a miserable life entailed upon them by the long continued use of opium. The doctor regarded the hydrate of chloral as a good substitute for opium in many

cases. He thought that this substitute promised to accomplish good in this direction, from the fact that there was no danger of its engendering the vicious tastes. He had never been disappointed in its use.

Dr. J. H. Rodgers said, that perhaps no article of the *Materia Medica* could be more highly spoken of than opium and its different preparations. Were physicians, and in fact all others, compelled to dispense with every medicine except one, they would choose opium as the one they would retain. While he was willing to accord this much praise to opium, yet he found himself using less and less of it every year. He was heartily willing to allow nearly all that had ever been claimed for it, but there were so many unpleasant drawbacks to it, that he, as a general thing, felt very much inclined to use some other narcotic first and this one next. One peculiarity of opium, which might be argued in its favor, was its large range of applicability in the treatment of disease; and yet there are many remedies which, in his opinion, were better in scores of instances where opium had been used for many years in the past. As a mere sleep producer he regarded hydrate of chloral as by far the better remedy. As an anodyne in neuralgia, he considered opium as the better of the two. The article under discussion had been much used of late years, in hemorrhages, but he had not so high an opinion of its effects in these cases as many had.

Dr. Rodgers concurred with Dr. Hazzard in the opinion that the use of opium was extremely dangerous in the treatment of infantile diseases, unless watched with the greatest care. It should not be a common resort in such cases. He had seen cases of deep and dangerous coma brought on by the use of some of the popular patent nostrums now so frequently used in the country.

Dr. McLaughlin spoke of the proximate chemical composition of gum opium. From seven to fourteen per cent. was morphine. He remarked that he gave opium not only in all the ordinary ways of administering it, but hypodermically also. In some respects he liked this mode of administering it, and in other respects he did not. It was not sufficiently controllable when used hypodermically or under the skin. He liked opium very much in severe pain, morbid excitability and irritability of the nervous system, and in muscular spasm. There is some uncertainty in opium sometimes, and, in view of this fact, he had been in the habit of using it very carefully. He regarded the solution of morphine in water as the neatest and safest way of giving it. He thought that when given

in small doses, more or less frequently repeated, it was just as safe as anything he had ever used, even in small children, and in the cases of all delicate patients. The doctor believed that the administration of opium in large doses should be refrained from.

Dr. Whitehead believed that the physician sometimes cured disease by relieving pain. He confided in the use of opium even in inflammation of the brain. He had used this article in a wide range of cases and liked its effects very much. Opium is a direct arterial sedative, and acts as such in inflammations and fevers.

Dr. Owen had used opium for many years, and he could more readily say how often it should not be used than how often it should. He liked it particularly on account of its almost universal applicability in the treatment of diseases. He did not believe in using it homeopathically either. It would fail when given in such small doses as some gentlemen on the floor seemed to use it. More could be accomplished by giving one good full dose of morphine, in spasms, than by giving a dozen such minute doses as some of his friends recommended. In spasms of the stomach there was nothing to compare with large doses of morphine or laudanum. He had known patients to take five grains of morphine at one dose, followed in several hours by a whole ounce of laudanum in painful spasms of the stomach, and they were ultimately cured by this treatment when all else had failed. Dr. O. had used opium in various cases of active inflammations. In pneumonia, instead of stopping the secretions as might have been expected, and as some feared, he had known opium actually to increase the expectoration very materially, and the lungs were vastly relieved. Especially is this course of treatment called for where there is much wakefulness and nervous irritation. It calms the patient like a charm and assists in breaking the power of the disease.

Dr. Pollock agreed with Dr. Rodgers in always using opium as the lesser of two evils. It had been shown to be indispensable in some instances. He used it but seldom in diseases of quite young children. Although he had frequently used opium in painful afflictions with profit, yet then he was inclined to use other anodynes when they promised better things, as he thought they frequently did.

Dr. Reddish thought that very often the unpleasant effects of opium might be avoided by using the denarcotized preparations, such as McMunn's elixir and the denarcotized gum. He had seen



the statements of some practitioners who were much pleased with these forms of opium.

Dr. Reeves expressed his great pleasure and satisfaction with what he had heard in this discussion. The subject had been ably handled. Opium was the greatest blessing that God had ever given to the world thus far, in regard to *medicines*, except chinchona. He regarded quinine ahead of all. This active principle of the chinchona was of more worth, everything considered, than all the rest from this fact: that whilst we had a good substitute for every other article of the *Materia Medica*, we have none for quinine; but opium when properly used came next in importance. There was one great thing to be considered in giving opium, and that was to look out for idiosyncrasies or those peculiarities which some persons possess, which will not allow them to take the article at all. He always used morphine very cautiously until he ascertained whether this idiosyncrasy existed in the patient—especially was he thus cautious with respect to children. After learning this intolerance to opium did not exist, and that the patient took it well, he gave it freely and fearlessly. He remarked that there were many errors prevalent with respect to the theory of inflammations and their proper treatment. When to give opium in these affections is quite a nice point to settle. It is a question requiring much study and careful practice. He believed that much harm had been done by getting patients in the habit of using so that they can not leave it off afterward. The whole medical profession might suffer by too much carelessness in this respect; opium is first a stimulant, then a sedative. He believed that disease could be essentially cured by the persistent use of sedatives. He would use powerful sedatives in the treatment of pleurisy and in inflammations of serous membranes.

He thought that although it was nearly evening, we had scarcely commenced the investigation of this subject it was so extensive. The doctor then entered into the subject of opium eating and opium smoking. He thought this habit on the increase in America as proven from these two facts: First, the diminished use of it by the regular profession; and, second, the increased importations of the article into this country from abroad. Tens of thousands of pounds more were imported yearly than ten years ago. He thought the modern temperance movements were in part responsible for this increased evil. He commented at length upon the effects of Mahammedanism on opium eating in the East. He thought

its prohibition of wine lead the people into opium eating to satisfy their natural cravings for stimulants.

Dr. Senseman said that Dr. Owen had expressed his own sentiments in regard to large doses in certain terribly painful affections. Dr. S. replied to Dr. Rodgers in regard to the theory of congestion and the influence of opium in these cases. He thought as he did of cases in brain diseases, by bringing about a condition of things stimulating natural sleep and thus restoring exhausted nature. He had been much edified by hearing the valuable contributions of the medical brethren to-day upon the subject under discussion.

After the remarks of Dr. Senseman, the discussion became free and full on the social and scientific features of habitual opium eating and opium smoking. Dr. Reeves thought that the excessive quantity of opium imported showed its increased use in this way by the people without a physician's order. Dr. Kay's theory for this extraordinary importation of opium was that large quantities of this drug were used in the manufacture of patent nostrums. It was the active ingredient in "Mrs. Winslow's Soothing Syrup," "Piso's Cure," "Bateman's Drops," and scores of other preparations, whose manufacturers seek primarily to ease pain immediately, and while the patient is feeling pretty well, they get him to sign a certificate of cure, which is immediately paraded in the newspapers. He believes that, taking it pound for pound or measure for measure, the people of Clarke county swallowed ten pounds and ten quarts of nostrums to where they take one pound or quart of medicine at the hands of the medical profession. He did not believe that opium eating and opium smoking was much on the increase, but its manufacture into quack nostrums was to be computed by the scores of tons in America.

Drs. Bryant and Hazzard were appointed a committee on certificates.

The Society voted to have a physician's pic-nic at the Fair Ground on the 22d of the present month. Adjourned to meet again on the 1st Thursday in July.

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*L. A. Babcock*—By some oversight the advertisement of Babcock's Uterine Supporter has been omitted. We restore it this month, and call the attention of our readers to it.

## IOWA STATE MEDICAL SOCIETY.

The nineteenth annual meeting of the Iowa State Medical Society was held in Des Moines, Iowa, April 19 and 20, 1871. The number in attendance was unusually large, and all the proceedings were characterized by harmony and the best of feeling. Several valuable papers were read, and verbal reports of special cases, with discussions thereon, contributed to the general interest and improvement.

Dr. S. B. Thrall, of Ottumwa, occupied the chair as president *pro tem.*, with Dr. Geo. P. Hanawalt as secretary.

The following persons were elected officers for the ensuing year: President, Dr. A. G. Field, of Des Moines; Vice-President, Dr. J. M. Robertson, Muscatine; Secretary, Dr. Geo. P. Hanawalt, Des Moines; Corresponding Secretary, Dr. J. F. Ely, Cedar Rapids; and Treasurer, Dr. G. W. Gustine, Panora.

The next meeting will be held in Des Moines the first Wednesday in May, 1872.

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## DELAWARE COUNTY MEDICAL SOCIETY.

The regular meeting of the Delaware County Medical Society was held on Tuesday, May 9th inst., at their room in the court house. There was a large attendance of the members.

This being the annual meeting, an election of officers for the ensuing year was held. Dr. J. A. Little was elected President; Dr. Lyman Potter (of Eden), Vice-President; Dr. W. T. Constant, Secretary; Dr. J. M. Cherry, Treasurer.

The proceedings of the Society were conducted in a most harmonious and agreeable manner.

Original essays were read, one by Dr. Armstrong on "Syphilis," and one by Dr. Fowler on "Hernia." These papers will be the subject for discussion at the next meeting.

The retiring president, Dr. T. B. Williams, delivered an interesting valedictory address, and also read a valuable paper on the subject of "Diagnosis."

One of the agreeable episodes was the complimentary remarks to the retiring president and his predecessor, Dr. Blymyer, made by Dr. Carothers and other members.



*Editors Lancet and Observer:*

You will oblige me by publishing the following list of Delegates from the Ohio State Medical Society to the American Medical Association. An imperfect and erroneous list was published in the *Medical and Surgical Reporter* of May 20, 1871.

Respectfully,

W. W. DAWSON, M. D.,

*Pres't of O. S. Med. Soc.*

DELEGATES TO AMERICAN MEDICAL ASSOCIATION FROM THE OHIO STATE  
MEDICAL SOCIETY.

|                            |                   |
|----------------------------|-------------------|
| Dr. Thaddeus T. Reamy..... | Cincinnati.       |
| Dr. W. H. Wilson.....      | Greenfield.       |
| Dr. W. C. Hall.....        | Fayetteville.     |
| Dr. J. Helmick.....        | Harrisburg.       |
| Dr. John S. Little.....    | Delaware.         |
| Dr. B. B. Leonard.....     | West Liberty.     |
| Dr. J. S. R. Hazzard.....  | Springfield.      |
| Dr. John Corson.....       | Middletown.       |
| Dr. M. B. Wright.....      | Cincinnati.       |
| Dr. R. Gundry.....         | Dayton.           |
| Dr. E. B. Stevens.....     | Cincinnati.       |
| Dr. C. P. Landon.....      | Westerville.      |
| Dr. H. J. Herrick.....     | Cleveland.        |
| Dr. T. W. Jones.....       | South Bloomfield. |
| Dr. Wayne Griswold.....    | Circleville.      |
| Dr. Charles Woodward.....  | Cincinnati.       |
| Dr. W. M. Matchett.....    | Greenville.       |
| Dr. Roberts Bartholow..... | Cincinnati.       |
| Dr. S. M. Smith.....       | Columbus.         |
| Dr. C. A. Miller.....      | Cincinnati.       |
| Dr. R. M. Denig.....       | Columbus.         |
| Dr. E. R. Lang.....        | Portsmouth.       |
| Dr. J. W. Hadlock.....     | Cincinnati.       |
| Dr. Jacob Kirby.....       | Hillsboro.        |
| Dr. B. F. Hart.....        | Marietta.         |
| Dr. W. W. Shepherd.....    | Hillsboro.        |
| Dr. J. W. Hamilton.....    | Columbus.         |
| Dr. J. D. Cotton.....      | Marietta.         |
| Dr. R. Wirth.....          | Columbus.         |
| Dr. A. B. Jones.....       | Portsmouth.       |
| Dr. J. C. Reeve.....       | Dayton.           |
| Dr. G. A. Doherty.....     | Cincinnati.       |
| Dr. D. Noble.....          | Hillsboro.        |
| Dr. William Carson.....    | Cincinnati.       |
| Dr. A. Robb.....           | Blanchester.      |
| Dr. N. Foster.....         | Cincinnati.       |
| Dr. L. T. Pease.....       | Williamsburg.     |
| Dr. W. H. Campbell.....    | Concord, Ky.      |
| Dr. I. L. Drake.....       | Lebanon.          |
| Dr. Alfred Follett.....    | Granville.        |
| Dr. E. Jennings.....       | Dayton.           |
| Dr. J. D. Kemp.....        | Vandalia.         |
| Dr. J. L. Vattier.....     | Cincinnati.       |
| Dr. G. B. Orr.....         | Cincinnati.       |

## Editorial.

*Insanity and Epilepsy.*—Most medical observers, as well as non-professional persons, have noticed with anxiety the tendency of epileptic seizures to impair the mental caliber. A recent case came to our notice, in which a gentleman, subject to monthly fits of epilepsy, was brought before the probate court of an adjoining county for inquiry as to his sanity. The investigation, after much acrimony of a domestic character, terminated in placing this patient in an asylum for treatment, it appearing that he was at least partially or periodically of unsound mind. Such questions are of serious interest to the community, and must become more and more so to those interested in the subject of mental diseases.

Bearing upon this grave question, we observe that Dr. Meredith Clymer has recently read a paper before the New York Medical Legal Society on the subject of the *Legal Responsibility of Epileptics*. As is well remarked by Dr. Clymer: "Children, who, in after life, become epileptic, are often remarkable examples of precocious cleverness; they are bright, quick, and full of imagination, and have astonishing memories, but are apt to be shy, tetchy, quick in quarrel, and liable to sudden gusts of temper. These unnatural gifts are not lasting; the promise of the child is not fulfilled; he becomes stupid, morose, fearful, and blustering. The early cerebral exaltation is the evidence of the morbid germ which later is to be known by its fruit."

Now, in some—perhaps we should say many—instances, there is simply a gradual failure of intelligence—a tendency toward what we understand as idiocy; but in other instances there are terrible outbreaks of maniacal fury, homicidal or suicidal impulses, or both together.

In the course of his paper, Dr. Clymer relates a number of epileptic cases which have come under his observation, and their peculiarities, demonstrating very clearly this tendency to impulsive insanity of action.

Take the following: "An epileptic young man, who had always shown filial affection, and never, beyond some extravagant ideas, any signs of mental derangement, one day had three epileptic seizures. The following night he got out of bed quietly, and, with

a single blow of some weapon which happened to be at hand, killed his mother, who was sleeping in the same room, and in the same manner dispatched his father who was asleep in an adjoining room."

Dr. Gray, of Utica, has related a case of a man on trial for the murder of his wife, which is embraced in this paper. The usual plea of insanity was set up, but the question of epilepsy was overlooked. "During the trial the prisoner had a well-marked epileptic seizure, and on account of his unconsciusness the court adjourned, without further examination of witnesses. A verdict of guilty was found but not passed. On subsequent examination before a county justice, the man was committed to an asylum as being epileptic and of doubtful responsibility. During a stay of several years at the asylum he continued epileptic, and became quite deranged, but finally he regained his mental powers and got quit of his epilepsy after an attack of fever."

Thus far all these investigations as to the relations of epilepsy to insanity—and therefore to responsibility—are by no means satisfactory. But we have some points pretty well established: The mind of an epileptic is rarely, if ever, whole. Insane conditions appear to be impulsive; there are lucid intervals, with wretched sensations of dread and disposition to vicious conduct; there are intervals of a correct idea of right and wrong, but morbid impulses seem almost uncontrollable.

There is already a tendency to undue appropriation of insane conditions as an apology for criminal conduct—and we have no desire to contribute to this excuse for vice—but these conditions growing out of epilepsy must become a matter of increasing interest to the expert who would carefully investigate insanity with any wish to be regarded as authority.

*Amputation at the Hip.*—Dr. Kearney recently performed this terrible operation on a patient at the Cincinnati Hospital. There had been steadily developing disease of the femur, with evidences of malignant condition. The operation was performed with careful dexterity, and up to this date, fourteen days after the operation, the patient is doing well. We hope to have a full report of the case hereafter, whether the result is successful or otherwise.

*Wm. R. Warner & Co.*—We have been greatly pleased with the pharmaceutical preparations placed in the market by the house of Warner & Co., of Philadelphia. For many years they have given



special attention to the manufacture of sugar-coated pills; and we think for perfection of finish they are not excelled. We have every reason to confide in their accuracy. Among their pills they make a specialty of Iodoform, and Iodoform and Iron. In addition to the range of sugar-coated pills and granules, they are prepared to furnish the elixirs, fluid extracts, etc., according to demand.

*Bills* are in course of preparation, and will be sent out to those in arrears. We regret to say that up to this time of the year we are behind on our receipts unusually, although we have to acknowledge a large increase in our subscription list. We trust every one will make it a matter of religious duty to respond to this notice without any delay. We will also be glad if subscribers notify us when receipted bills fail to come to hand in their next number after remittance.

*Book Notices.*—A large number of new books and pamphlets have accumulated on our editorial table for some months. We ask the forbearance of our readers, as we have not had space and time to give them a satisfactory notice.

*Insanity in Women.*—Dr. H. R. Storer, of Boston, has issued a small volume with the foregoing topic. It was called out originally as a contribution to the Transactions of the American Medical Association; as such we have heretofore had occasion to notice its value as a systematic review of the subject. Dr. Storer, as a specialist, may be obnoxious to the charge of seeing a good deal of gynecological disease not appreciable to the ordinary eye and understanding; but at the same time we should not overlook the suggestions he makes as the results of direct experience and observation. Among the heads of his treatise, he dwells with force upon this proposition: "The brain the seat of insanity—not always of its cause." He quotes Dr. Bancroft, of New Hampshire, who says: "Cases of insanity, even in both sexes, are of reflex origin, and not the result, principally, of cerebral change."

"I am well aware, also, that many attacks of insanity in females originate in uterine disturbances of some sort, and are cured by treatment directed to that organ."

We quote these views in support of opinions heretofore expressed by us that we shall regularly approach by careful investigation

and study to clearer notions of the causes and treatment of general insanity, and by a judicious application of the more recent lights of experience and therapeutics, we must hope for an increased percentage of curative results.

*Fourth Annual Report of the Board of Health of Cincinnati.*—We have just received the report of Dr. Clendenin, the able health officer of this city, for the year ending February 28, 1871. Had we time we should be glad to give a summary of the important information which this report contains; but it is already so condensed that we scarcely know where to choose. Deducting the the still births (319), we find the mortality for the year was 3,978—which is a remarkable sanitary showing as compared with other large cities of the Union. There has been no prevailing epidemic in the city throughout the year—diseases which appear being of a mild type and readily yielding to treatment. The report shows that a great deal of good work has been done in the way of removing nuisances—sources of disease—watching the character of the milk, meat, and other food offered for sale. In the milk inspector's report, which is included, a number of excellent suggestions are presented to dairymen for the better care of cattle and securing an improved quality of milk; also to consumers, especially in the use of milk for young children. Good authority is quoted to the effect that for infants, milk should never be boiled; sugar and starchy matters should not be incorporated with milk; India rubber material for feeding-bottles is shown to be among the abominations.

Of the causes of death, as usual, consumption takes the lead; next in order comes infantile convulsions.

*Cundurango.*—We have a new specific presented for cancer. Cundurango is the name of the wood, and we presume it will have its therapeutic run. Prof. Antisell, of Washington City, has made an analysis of a specimen, but from its report we fail to see any element that could be regarded as of medicinal efficacy. We suppose this new agent will be enthusiastically lauded for a while, and quietly drop out of sight in due time.

*The Atlanta Medical and Surgical Journal* is revived, and we are glad to welcome its return to our list of exchanges. Drs. W. F. and J. G. Westmoreland continue its editors.

## Reviews and Notices.

*A Medico-Legal Treatise on Malpractice and Medical Evidence.* Comprising the Elements of Medical Jurisprudence. By JOHN J. ELWELL, M. D. Third edition, revised and enlarged. New York: Baker, Voorhees & Co., 1871.

It is now more than ten years since we had the pleasure of calling the attention of our friends to Dr. Elwell's excellent work on medical jurisprudence. A new edition is now presented for our approval.

In the notice of the first edition, we had occasion to express our warm commendation of the work. Dr. Elwell had been engaged in the practice of medicine and surgery before he entered upon the practice of law, and felt the great need of a reliable guide for both physicians and attorneys in the vexatious questions growing out of suits for malpractice. Our author was therefore peculiarly fitted for undertaking a work of the kind. The present edition simply revises the work, and adds such notes as criticism and experience have suggested. In the main, we have the same excellent work as before, improved. Having so fully indorsed the labor of Dr. Elwell years ago, we take pleasure in calling attention to this new edition.

*Modern Therapeutics.* A Compendium of Recent Formulæ and Specific Therapeutical Directions. By GEORGE H. NAPHEYS, A. M., M. D., etc. Second edition, revised and improved. Philadelphia: S. W. Butler, 1871.

We made a full notice of this book upon the appearance of its first edition. The present is improved and enlarged in accordance with the many additions that recent therapeutics is making in the treatment of disease.

The formulæ which make up this volume are arranged under nosological heads, and the busy practitioner will readily find the most recent suggestions as to the treatment of special forms of disease.

For sale by Robert Clarke & Co.



*Chemistry: General, Medical, and Pharmaceutical.* Including the Chemistry of the United States Pharmacopœia. By JOHN ATTFIELD, Ph. D., F. C. S. Philadelphia: H. C. Lea, 1871.

We have examined no recent work so well adapted to the wants of the busy practitioner who wishes to keep up his chemistry, and the student who wishes to be well grounded, as this "Manual of the General Principles of the Science, and their Applications to Medicine and Pharmacy." Whoever makes himself familiar with this little book can not fail to be respectable in his knowledge of chemistry, the general subject, matters of analysis, and whatever is of interest in the whole matter. We observe one feature that will be of value to the student: a series of questions, reviewing the practical points of each chapter.

*A Practical Treatise on the Diseases of Infancy and Childhood.* By THOMAS HAWKES TANNER, M. D., F. L. S. Third American edition. By ALFRED MEADOWS, M. D., London. Philadelphia: Lindsay & Blackistone.

As modified and enlarged, the present edition of Dr. Tanner's book approaches the extent of a work on general practice. Still it is after all, in its outline, a treatise upon those diseases pertaining to childhood, together with the physiology, hygiene, and therapeutics of the subject. Dr. Meadows has materially rearranged the plan of the first edition, and in doing so, we think has improved its arrangement. It is scarcely necessary to recapitulate the topics treated; they embrace such as are peculiar to children, and may be studied with interest and profit.

For sale by Robert Clarke & Co. \$3.50.

*Minnesota a Home for Invalids.* By BREWER MATTOCKS, M. D., President of the Board of Health of St. Paul. Philadelphia: J. B. Lippincott & Co.

This little manual consists of a clever review of the whole subject of tuberculosis, together with an exhibit of the climatic benefits to be experienced by subjects of pulmonary disease, by a residence in Minnesota. To those interested it will prove a good guide.

*Proceedings of the American Pharmaceutical Association, 1870.*—The annual volume of Transactions is before us, and as usual full of valuable matter. The eighteenth annual meeting was held in Baltimore, September, 1870. The meetings of this association "mean business," and we are happy year after year to hold up the Trans-

actions of our pharmaceutical friends as models for the conduct of medical associations. The special reports in this volume will be found of interest to the physician as well as the druggist, and the annual report on the progress of pharmacy is of peculiar value to all. The president for this year is Dr. R. H. Stabler, of Alexandria, Va., and John M. Maisch, of Philadelphia, permanent secretary. The next meeting of the association will be held in the city of St. Louis, in September, 1871.

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*In a California paper we find the following valuable contribution to therapeutics, which we offer for the benefit of our readers, with the simple comment that the small-pox which can be cut short in twelve hours by  $\frac{1}{40}$  grain doses of sulphate of zinc and digitalis (or by any other means) is probably a variety of the disease not commonly met with in this latitude:*

"I hereby append a recipe which has been used to my knowledge in hundreds of cases. It will prevent or cure the small-pox though the pittings are filling. When Jenner discovered cow-pox in England, the world of science hurled an avalanche of fame upon his head, but when the most scientific school of medicine in the world—that of Paris—published this recipe as a panacea for small-pox, it passed unheeded. It is unfailing as fate, and conquers in every instance. It is harmless when taken by a well person. It will also cure scarlet fever. Here is the recipe as I have used it, and cured my children of scarlet fever; when learned physicians said the patient must die, it cured: Sulphate of zinc, one grain; fox-glove (digitalis) one grain; half a teaspoonful of sugar; mix with two tablespoonfuls of water. When thoroughly mixed add four ounces of water. Take a teaspoonful every hour. Either disease will disappear in twelve hours. For a child, smaller doses, according to age. If counties would compel their physicians to use this, there would be no need of pest-houses. If you value advice and experience, use this for that terrible disease."

## Obituary.

The many friends of *Dr. S. W. Anderson* will regret to learn of his death on the 23d day of last April, at the age of twenty-five years and three months.

From communications with Dr. O. F. Anderson, the brother of the deceased, and my own associations with him, I am able to furnish a scrap of his history and some of the particulars of his last illness.

Dr. Anderson was born near Goshen, Clermont county, Ohio, and died at the residence of Robert Fuller, Esq., in the village of Edenton, in his native county and State. His parents died when he was three years old, leaving him to the care of strangers and relatives. At an early age he was bound to a farmer, with the understanding that he was to remain with him until he had reached the age of eighteen. He did not, however, serve the full term of his apprenticeship, but left his employer, going to seek an education. I do not know what methods he resorted to secure this end, but I do know that his success was the result of his own efforts, his parents having left him but a pittance. He began the study of medicine, I think, while in his twentieth year, just previous to which time he taught a common school in his native county for about fifteen months. In the spring of 1869 the degree of Doctor of Medicine was conferred upon him by the Medical College of Ohio, and immediately after he was, on examination, admitted to the Cincinnati Hospital as one of the resident physicians. He served acceptably until May, 1870. About this time a small swelling developed in one groin. This continued to increase in size, and as it increased his general health began to suffer. He applied to Drs. Blackman and Mussey for their opinions of his case. They diagnosed psoas abscess. I well remember the morning this opinion was agreed upon. The doctor was overwhelmed with grief, but in a few days he recovered his cheerfulness and was hopeful of recovery up to the day of his death, basing his hopes upon the opinion of Dr. Foote, "that if he could live through the spring months of 1871, he might survive his troubles with a shattered constitution."



Dr. Anderson believed that his disease was caused by a fall from a frightened horse just previous to his return to Cincinnati to attend his last course of lectures. The animal threw him over its head so violently that he was from the fall confined to his room for about a week, suffering excruciating pain in the lumbar region of his spine. He suffered a similar attack of pain soon after beginning his course of lectures, and then nothing more until the following spring, when his health began to suffer from the developed abscess. His brother says another abscess formed on the opposite side from the first, which was rather superficial and about three inches from the spine, constituting lumbar abscess. This was lanced, and it, as well as the first opening, discharged pus quite freely. He was able to go about on crutches, in a stooping posture, as late as last October. "He formed the habit of using morphia hypodermically, and when under the influence of this drug his memory was remarkably acute and his judgment good; but when the remedy was discontinued he was depressed mentally and suffered from vomiting almost constantly." During the latter part of his sickness he was dropsical, suffered from hemorrhages from the bowels, and at the time of his death was very much emaciated.

Dr. Anderson, as a friend, was always sincere and faithful. He was a warm advocate of his profession, and in it he was a patient, persevering worker. He was on all questions, whether religious, professional, or political, well defined in his opinions; but in these he was reasonable and always ready for the truth.

Very truly yours,

Lafayette, Ind., June 12, 1871.

W. W. VINNEDGE.

*Dr. Joshua Stevens.*—[These resolutions, which should have appeared in connection with the notice of last month, came to hand too late. We insert them now:]

At a meeting of the Warren County Medical Society, held at Lebanon, May 30, 1871, a committee was appointed to present resolutions in regard to the death of Dr. Joshua Stevens. The committee reported the following, which were adopted:

*Whereas*, We have learned of the demise of Joshua Stevens, M. D., a member of this society; and,

*Whereas*, Dr. Stevens was one of the founders of this society, and labored assiduously for its prosperity, and, until prevented by the weight of declining years, was faithful in attending its

meetings, where his scientific knowledge and ripe experience enabled him to impart lessons of wisdom which were ever highly appreciated by each and every member ; and,

*Whereas*, In the life and character of Dr. Stevens we recognize an accomplished physician and christian gentleman ; therefore, be it

*Resolved*, That while we are assured that Dr. Stevens has passed from his labors to a rest in the better land, we feel a deep sense of the loss we have sustained ; and we hereby extend our heartfelt sympathy to his bereaved family.

*Resolved*, That a copy of these resolutions be presented to the family of the deceased, and that they be recorded in the minutes of the society ; also, that they be published in the *Lancet and Observer* and in the *Western Star*.

S. S. SCOVILLE,

A. SELLERS,

I. L. DRAKE,

*Committee.*

*Dr. J. G. Willis*, of this city, died at his residence, suddenly, on the 23d of May.

Dr. Willis was originally a graduate of medicine, but had devoted the best of his days to dentistry, and was regarded as a man of superior attainments in his profession. He had resided in this city several years, and had succeeded in establishing a fine reputation. He had devoted part of his time to lecturing on dental topics in the Cincinnati College of Medicine, and we understand very acceptably. Dr. Willis was a man of pure morals and unusual culture. His death seemed dependent on fatty degeneration of the heart.

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*Married*.—In Richmond, Indiana, Tuesday, May 30, 1871, Prof. W. H. Taylor, M. D., of Cincinnati, and Miss Mary Haines.

THE CINCINNATI  
LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—AUGUST, 1871—No. 8.

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Original Communications.

***Art. I.--Cyanosis. Caused by a Stenosis of the Orifice of the Pulmonary Artery, together with a patulous condition of the Foramen Ovale.***

By FRANK WELLS, M. D., Master of Obstetrics of the University of Vienna, and Adjunct Professor of Obstetrics and Diseases of Women in the Cleveland Medical College.

The patient, whose case forms the subject for the following remarks first came under my notice some three years ago, but unfortunately, being a dispensary patient, she soon passed from my care, which has prevented my gaining any knowledge of her subsequent fate.

Eliza —, thirteen months of age, born of strong and healthy Irish parents, had, according to the mother's account, no hereditary predispositions, nor had she ever received an injury of any kind. She was very backward, much more so than her brothers and sisters were at her age. She had never made any attempts at walking, but lay most of the time in the mother's arms, indulging in bursts of passionate, irritable crying.



The history of the then present trouble was as follows: About five weeks previous to my first visit, the child, while lying in the mother's lap suddenly fell back in a "faint-like manner;" the eyes rolled upward, and the tongue curled slightly in the mouth, without, however, being at all protruded, nor any disposition shown to bite it. There was no loud cry nor frothing at the mouth. These attacks had continued up to the time of my visit, occurring certainly twice a day, and sometimes as often as three or four times. They came on without warning and lasted but a minute or two, the patient recovering from them with seemingly no injurious results, all the functions of the system resuming their wonted operations directly the attack had passed off. Some two weeks after the first attack, the mother stated that during a seizure of unusual severity, she had first noticed that the child looked blue, especially her hands and feet; a statement, however, which I found on close questioning, to be incorrect, as her attention had been called to this same blue appearance by the physician who had vaccinated the child when four months of age. There had been, and still continued to be present, severe attacks of dyspnœa, particularly when the patient became excited, and also a seeming inability to prolong the fits of crying.

On the occasion of my first visit I found the child extremely irritable and fretful, crying in paroxysms, not with the sharp cry of pain, but rather that of ill-temper.

Pulse 126, regular but feeble; appetite and digestion good; bowels, as a rule, regular; the dejections normal, and showing no signs of worms. The temperature of the body (which seemed to be quite fleshy) was decidedly lowered, though an actual test of this I was unable to make. Of the sensibility it was impossible to judge, on account of the great irritability of the patient, though the slightest pressure over the præcordia, as well as elsewhere, elicited shrieks from the child, which I could not attribute, however, to any pain produced by the experiment. [I mention this circumstance, since it is stated in the books that in the affection in question, there is often much pain over the region of the heart.]

What particularly claimed my attention was the appearance of the skin, which bore a decidedly bluish aspect, more marked under the eyes and at the ends of the fingers and toes, which were bulbous, with the nails, more especially of the fingers, slightly incurvated. The blue color of the skin, which, during the crying of the child, was distinctly discernible over the greater portion of the

body, though in the intervals of silence scarcely noticeable, except in the regions mentioned above, varied from a light shade to a dark, almost livid hue (the latter change being seen only in the most intense paroxysms of crying); though never assuming a claret shade.

During this visit I had an opportunity of witnessing one of the "fainting turns," to which I have previously referred. There was, indeed, no premonitory cry nor frothing at the mouth; no protrusion of the tongue; no jactation of the limbs, nor twitching of the muscles; in short, none of the symptoms which might have led to the belief that these attacks were epileptiform in their character; a condition which would have been in no wise strange, taken in connection with the child's dentition.

On inspection I could discern nothing abnormal in the appearance of the chest, which was full and expanded, with no dilatation nor bulging. The two sides, moreover, were symmetrical, with no excess of convexity nor depression on either side. The impulse of the heart's apex, strong and abrupt, instead of having the gently heaving motion which is normal to it, was regular in rhythm, and single, and could be discerned in its natural position.

Palpation disclosed to me not only what might have been expected from the results of my inspection, viz: an apex impulse, synchronous with the first sound of the heart, much increased in force and rapidity, making 126 beats a minute, the two sounds being distinct, abrupt, and sharp; but it also gave me my first foothold in recognizing the cause, or at least one of the causes of the trouble—a systolic thrill, felt more particularly over the orifice of the pulmonary artery, though in a lesser degree over the whole base of the heart.

Percussing the heart as well as I could under the circumstances, I was unable to detect any increase or diminution of its normal resistance, nor was there apparently any enlargement or contraction of the organ in any direction.

On auscultation I detected what might have been anticipated from the results of palpation, viz: a murmur, particularly marked over the orifice of the pulmonary artery, extending over the base of the heart, within illy-defined bounds—not transmitted into the carotids—very slightly audible in the left infra-clavicular region, and entirely inaudible below the left nipple in front, and in the interscapular space behind. It was heard for the most part with

the systole of the ventricles, though perhaps very slightly prolonged beyond.

The lungs, as well as all the other organs of the body, with the exception of the heart, appeared to be healthy, and to perform their functions in a proper manner.

In reviewing the foregoing symptoms, the most important were found to be a blue appearance of the skin, which became intensified and more widely extended during the paroxysms of crying, marked attacks of syncope and dyspnœa, and finally a systolic murmur to be heard on auscultation over the base of the heart, but more particularly over the orifice of the pulmonary artery.

Now this peculiar blue color of the skin is highly characteristic, indeed almost pathognomonic of the disease, to which the name of cyanosis—*morbus cæruleus*—has been given. And in the case in question, discarding all idea of the other affections, such as cholera, poisoning by the inhalations of carbonic acid gas, apoplexia, neonatorum, etc., which sometimes give rise to a cyanosed skin, as being irrelevant, the diagnosis of cyanosis became a matter of certainty.

This diagnosis having been established, the more important task remained to discover the cause or causes to which the cyanosis, more properly it seemed to me a symptom of disease rather than a disease itself, could be attributed. In explanation of this morbid condition, it was necessary to recollect what we already so well know, that in the normal condition of the body the blood absorbs oxygen from the lungs, giving back its carbonic acid, and thus purified is carried, as arterial blood, over the system, and, moreover, that when the proper circulation of this oxygenated blood is kept up in the arteries and veins, we find the hue peculiar to the normal skin. If, however, there is any cause at work either in the lungs—the purifiers of the blood in the heart—the great “clearing-house” of the system—in the blood itself, or in short in any way whatsoever, by which this fluid becomes imperfectly oxygenated, and at the same time a stasis in the veins is effected, the skin loses its normal color and assumes that seen in cyanosis.

In the present case, the results of the physical examination pointed altogether to the heart, and from these results moreover, in the absence of all symptoms, indicating a lesion of the remaining orifices, I was obliged to conclude that I had to do with a stenosis of the opening to the pulmonary artery.

This condition is, indeed, a very rare one. Oppolzer says that



but very few cases of the kind have ever been known, and that, moreover, the stenosis, as a rule, takes place not directly at the orifice, but in the *conus arteriosus*, particularly when the affection is congenital. The same observer further remarks, that the diagnosis is extremely difficult, owing to the fact that the systolic murmur, which we imagine to be located over the orifice of the pulmonary artery, may have been transmitted from the aortic orifice, or may be caused by a simple thickening of the walls of the heart independent of any stenosis. From falling into these errors, however, he says that we may be, in a measure, guarded, by assuring ourselves that the murmur has its *greatest* intensity over the pulmonary artery orifice, particularly in those cases in which the heart has assumed an abnormal position, thus bringing the orifice of the aorta into the site normally occupied by that of the pulmonary artery, by a careful consideration of the pulse, which in a stenosis of the aortic orifice is much smaller than in a constriction of the opening into the pulmonary artery, and finally by the percussion of the heart, which shows, in the former case, an hypertrophy and dilatation of the left ventricle, and in the latter an hypertrophy and dilatation of the right ventricle. In regard to the murmur arising from thickened walls, irrespective of stenosis, a careful study of the symptoms which occur when the stenosis is at the orifice of the pulmonary artery (the murmur heard over the base of the heart being the only symptom in common) will aid us in excluding this former affection.\*

Without pursuing further Oppolzer's differential diagnosis between the affection in discussion and an universal dilatation of the pulmonary artery, or an aneurism of the same, or mediastinal tumors, I think that in consideration of the symptoms in the case in question, more particularly of the systolic murmur, which was so marked over the orifice of the pulmonary artery, I was justified in diagnosing a stenosis of this orifice, or perhaps, according to the distinguished clinical observer mentioned above, a stenosis of the *conus arteriosus*.

Whether this lesion is sufficient of itself to cause such a derangement of the circulation as to bring about the various conditions seen in cyanosis, has ever been a much vexed question, and one which, to this day, has never been definitely settled. Accepting Vogel's theory that the disease in question is brought about by an

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\*Oppolzer's Vorlesungen über die Krankheiten des Herzens und der Gefässe.

imperfect oxygenation of the blood, *together* with a stasis of this fluid in the veins, I am led to believe that a stenosis of the pulmonary artery orifice *would* be all-sufficient in fulfilling both these requisites; yet there are other malformations of the heart which, though of themselves incapable of producing cyanosis, yet associated with this arterial lesion, would exert a powerful influence in producing the affection. Such a malformation would a patulous foramen ovale be, which opening generally closes about the tenth day after birth. When, however, this foramen remains open, as it sometimes does, there is a direct communication between the right or venous side of the heart and the left or arterial side, through which a large amount of non-oxygenated blood may be sent uninterruptedly into the circulation. To recognize this patulous condition of the foramen ovale during life is, of course, extremely difficult, although distinct symptoms diagnostic of this malformation are constantly set forth in the books; yet if it is borne in mind that in the vast majority of cases in which cyanosis had existed during life, a *post-mortem* examination has disclosed the fact that an open foramen ovale was associated with a stenosis of the orifice of the pulmonary artery, it will seem at least extremely probable, as it did to me in the present case, that where the above-named stenosis has been diagnosticated, an open foramen ovale is associated with it. There was another condition present also in my case, which could have been explained by supposing that this foramen had remained open. I refer to the absence of all signs, pointing to an hypertrophy of the right side of the heart, which hypertrophy would most certainly have taken place, where the amount of constriction of the pulmonary artery orifice was evidently so great, had there not been some conservative outlet for the superabundant blood in the right ventricle. As, therefore, I was unable to detect any symptoms of a regurgitation through the right auriculo-ventricular opening, I accounted for the absence of a ventricular hypertrophy and dilatation by diagnostivating an open foramen ovale, through which the contraction of the ventricle, much increased in order to overcome the arterial stenosis, was sending a large volume of venous blood.

In this connection, it might naturally enough be asked whether an open foramen ovale, admitting, as it does, so much venous blood directly into the circulation, is not of itself productive of cyanosis. Strange as it may appear, facts fail to substantiate such a theory. It has been proved that cyanosis has been wanting in

cases where there was but one ventricle, the aorta arising directly from the pulmonary artery; that in a case mentioned by Niemeyer, the left subclavian being given off from the above-named artery, no signs of discoloration of the skin of the left arm existed; and finally that the fetal skin, though to a great extent circulating venous blood, is not cyanosed. Oppolzer remarks that the foramen ovale remains open in many more instances than we suspect, and that this condition has not the slightest evil effect on the body; that, moreover, *post-mortem* examinations have disclosed a patulous condition of this foramen, although during life it had caused no discoloration of the skin. "True," he says, "many cases of cyanosis occur, in which after death an open foramen ovale has been found, but in *all* these instances some other lesion, either in the lungs or in the heart, has been found associated with it."

Before passing to a consideration of the causes leading to these malformations, an interesting inquiry would seem to suggest itself as to whether any of the murmur heard in this case could have been caused by the blood passing through the foramen ovale. Such a supposition would have been by no means strange, since it can not be doubted that a fluid like the blood, in streaming through a narrow orifice, such as the foramen in question, and winding sharply past its edges, would tend to create some adventitious sound, which would serve to increase the intensity of any murmur arising from other causes. That this adventitious sound, however, could have been isolated in the present case is a matter of extreme doubt, since although it may have *helped* to intensify the murmur arising from the constriction of the pulmonary artery orifice, yet this latter sound being so loud would most effectually have served to mask it.

In regard to the cause of the pulmonic stenosis, we find that in the vast majority of cases it is congenital, being due to an intra-uterine endocarditis. But why the foramina ovalis of some children remain open, while those of others become closed, is, I believe, unknown.

In some cases the foramen may close, but become patulous again in early childhood by some enlargement of the heart; or it has been known to follow some external injury to the chest. In the present case, in absence of all symptoms of enlargement, and as I could not find that the child had ever received any injury, I was led to believe that not only this malformation, but also on



general grounds, the stenosis had existed from the birth of the patient.

The prognosis in this affection is highly unfavorable, for once established, it remains until an early death has carried off its victim. This fatal result is brought about by a gradual failing of the vital power, or suddenly, by an unusually severe attack of syncope or dyspnœa. In this case, as the patient belonged to that class whose destruction is their poverty, being subjected to all varieties of sudden excitement, with no certainty of being properly nourished nor clothed, the prognosis was unfavorable in the extreme, and at any time I should have looked for the sudden death of the child. Still, that she had lived to the age of thirteen months was certainly in her favor, for, although cases have been reported of children, with a stenosis of the orifice of the pulmonary artery, dying almost at birth, yet others have been known where life has been prolonged till twelve years of age, and this, too, with the above-named orifice all but impervious.

The treatment of cyanosis resolves itself, of course, into that for the malformations of the heart, on which it depends. This is purely hygienic, consisting in keeping the body warm by friction, warm clothing, etc., and particularly the avoidance of all excitement and over-exertion, whether of mind or body.

In the case of this patient, these measures, or at least the more important ones relating to over-excitement, seemed to be impracticable, for living as she did, amidst the ever-occurring discords of a tenement house, she was necessarily exposed to what I feared would be for her fatal influences.

Sedatives in these cases are worse than useless; nay, they are highly injurious, for in diminishing the force of the circulation they serve to destroy the very provision which nature sets up for overcoming the obstruction to the flow of blood through the artery, and thereby pave the way for subsequent dilatation. Even in the cases in which the foramen ovale remains open (which, as I have before said, may serve as a preventive of hypertrophy and dilatation), we can imagine that, by diminishing the force of the circulation, even with this avenue of escape for the superabundant blood in the right ventricle open, a dilatation may follow, thus adding a fatal condition to those already existing.

*Art. II.--Report on Surgery for the Semi-annual Session of the Æsculapian Society of the Wabash Valley, May 25, 1871.*

By LEON J. WILLIEN, M. D., Effingham, Illinois.

*Gentlemen, Members of the Æsculapian Society:*

Doctrines pass away, and facts remain,

So it is said.

Error?

When doctrines pass, the facts are forgotten.—*Gubler.*

And if the art of healing is, of all practical sciences, the most difficult, should we not perhaps do all that is in our power to remove the difficulty? Although the method is very easy, it would be to the restriction of observation only.—*Marjolin.*

The duty of making a report on surgery being allotted to us, although this great branch should be wielded by an older and more experienced member of this society, but, *si qua fata sinant*, we shall give you the best our short experience can afford.

It is not our object to make a retrospective history of surgery, nor shall we act as a critic on late discoveries of the new anæsthetics which are to substitute the one which we consider the most dangerous.

*Chloroform.*—The hydrate of chloral, which has been used with such great success of late years, has but recently been looked upon as of a dangerous administration, on account of the uncertainty of its effects on the system, and no antidote having been discovered, until a short time since by Dr. Oscar Liebrich, who shortens and illuminates its effects by using the injections with the nitrate of strychnia.

In England, bichloride of methylene has the sway, and latest we see methyle ether used as a general anæsthetic. These will be sufficiently commended and criticised in our numerous medical journals.

We will therefore not burden your attention with unfounded theories and hypotheses, which are only well appropriate to authors in order to puzzle the younger members of our profession and cause the older members to exclaim with a sigh, "What new discoveries next!"

No communications having been sent us from any of the committee on surgery, this report will only be a short review of personal experience at home.

We therefore hope that this short report will be received with indulgence, and the little merit it possesses will be appreciated.

We shall now introduce the subject of fractures of limbs on the growth of the nails.

Several articles have been published in the London *Lancet* for March, 1869, page 149, by Dr. Wilkes, on markings and furrows on the nails as the result of illness; and in the April number for 1870, page 210, we find a second article by the same writer on the furrows on the nails *after* illness. These, however, are the results of medical observations, while we shall look on the subject in a surgical point of view. In 1866 our attention was first called to it in our practice in giving aid to a boy eight years of age, having a fracture of the humerus. His finger nails were stained at the same time with dye. We perchance discovered that the nails of the sound arm continued growing, while the one on the other limb only began to grow about the fourteenth day. We then began to experiment on other cases of fractures to convince ourselves of our first observation. We consulted different American and foreign authors and journals without finding anything written on the above statement. At last we found an article published in the French *Medical and Surgical Journal* of Paris for 1868, volume 39, page 215, on the semiotic value of the growth of the nails in fractured limbs. In 1842, Dr. Guenther, from Denmark, made mention of the nails as a sure means of recognizing the consolidation of fractured bones. According to his statement and our own observation, the growth of the nails ceases as soon as a solution of continuity exists in the shaft of a bone; and this cessation of their growth is already a sign of a fracture, and in growing again, after a certain length of time, becomes a still more certain indication, because it shows that the consolidation of the bone is affecting itself regularly.

Was it an unfounded theory of ours, or was it Dr. Guenther's fictitious imagination? Or was he the dupe of his patients in believing this curious assertion in regard to the cessation of the growth of the nails in the fracture of one or more bones of a limb? The great critic, Malgaigne, declared it; but if we give credit to Dr. Louis Ansel, author of a monograph on the nails in an anatomical, physiological, and pathological point of view, then our renowned surgeon has surely been too hasty in annulling Dr. Guenther's observation. Dr. Broca has several times approved of the veracity of the statement of the Danish physician, by a patient



who had a fracture of the tibia a few centimetres above the tibio tarsal articulation

During the whole time preceding the process of consolidation, Dr. Broca marked the toe nails of both feet with lunar caustic, and discovered very plainly that the growth of the nails on the fractured limb had ceased, while the ones on the other foot continued growing.

Dr. Duplay, of Paris, makes mention of a case where there was a fracture of the left forearm accompanied by a disease, complication retarding the consolidation. The accident happened on the 7th of October, 1867, and only on the 19th of November was he able to apply a starched bandage, and prescribed forty grains of phosphate of lime daily.

At this time the patient called his attention to the state of the finger nails of the injured arm, these having ceased growing since the 7th day of October and having a dark-yellow tinge. A few days after the application of the splint and the taking of the phosphate of lime, these began to grow and a little red ring was seen.

From that time their growth proceeded rapidly, and a well-defined lineament was seen between the old and new nail, and on the 31st of December there was scarcely more than one-fourth of an inch left of the old nail. On the 10th of January the ulna was completely solidified. But an incident worthy of notice: Consecutive to fatigue, the consolidation of the radius stops and remains stationary during fifteen days, and immediately the growth of the nails cease, a ridge being visible at the external surface. Consolidation resumed its work, and at the same time a positive and regular growth of the nails was again visible. In presence of these facts, and others which we shall mention, it can not be denied that the trouble of nutrition, which strikes the broken bones of a limb, has also its influence on the growth of the nails where the unequal secretion is in near connection with the process of consolidation of the fractured bones. No member of this association will deny that this sign is of great importance to all surgeons, especially in cases of pseudarthrosis, where direct and repeated examinations are often too prejudicial to the patient; also, in cases of necrosis and in fractures of the neck of the femur.

We will notice a case of circular saw injury to corroborate our remarks on the growth of nails.

Mortimer F., aged thirty years, while feeling the temper of the saw while in motion, was seized by the teeth, which produced the following disorders of the hand and arm :

First. A complete external dislocation of the elbow.

Second. A ghastly and transverse wound extending from the first to the fourth metacarpal bones, severing the tendons of the dorsal part of the hand sectioning the extensors of both annular and medius, extending through the article of the second and third carpo metacarpal, tearing their ligaments and injuring the deep palmar arch ; also a deep wound of the phalango metacarpal joint of the index severing the interosseous artery.

At our arrival the patient was sinking fast on account of severe hemorrhage. We proceeded immediately to compress the humeral artery with the tourniquet, and began to dress the wounds all contused and lacerated tissue, with small fragments of bones, (or parcels) being removed. Yet it was not possible for us to reach the artery without enlarging the wound. The palmar portion of the hand was supported by a splint, the wound then plugged with lint, imbibed in a strong solution of persulphate of iron and fluid extract of ergot, and then the whole was firmly bandaged, keeping the bands saturated with the following embrocation : R. Carbolic acid, fʒ ss ; tinct. arnica, fʒ iv ; and ordering pieces of ice to be maintained on the hand. Gradual compression of the humeral artery was continued, and the laxation of the elbow was easily reduced and the arm bandaged. On the third day the first bandage was removed, and gradual compression of the artery continued. The wound was cleanly washed and dressed with a mixture of carbolic acid x grains, to glycerine one ounce. No other application was made. The nails of the index medius and annular ceased growing until the fourth week after the accident, when they assumed their growth again. On the 15th day of January the patient was discharged. While attending the above case, we were called to a man 27 years of age, having a fracture of the neck of the femur, and on his foot the nails only resumed their growth on the eighteenth day after the fracture.

We will now come to the second and last part of our report in which we will relate some of the most interesting cases in our own practice.

*A Case of Irreducible Strangulated Crural Hernia—Celotomy and Recovery.*—Mrs. D. P., aged 39 years, mother of five children, affected

with a small irreducible crural hernia of ten years' standing, resident of Effingham, was suddenly taken ill in July, 1869, with all the symptoms of strangulation of the bowels, constipation, meteorism, and severe pain in the region of the hernia, which was situated in the right crural region. After practicing taxis and administering the usual remedies, both local and internally, without relief, the general symptoms increased in gravity with stercoraceous and bilious vomiting. Being called in consultation with Drs. Seerone and St. Clair, we at once decided to have recourse to celotomy as the only means to give the patient a chance of recovery. On the 7th day of July, at 6 o'clock P. M., the patient was laid on the table and chloroformed. The tumor was about the size of a large hen's egg, elastic and slightly inflamed, very painful on pressure. We made an incision parallel to the larger diameter of the tumor comprising the skin, then the fascia superficialis which was adherent to the fascia propria; here there was a complete adherence of the cellulo-adipose tissue with the sac, which had to be separated with the finger. The sac being exposed, we found it of a dark-brown color, and mortified, causing very fetid exhalations; and upon opening, we found its inner portion adherent to a portion of the strangulated bowel, for the sac contained no serosity.

After exposing a portion of the strangulated portion of the intestine, which was about the size of a large walnut, we removed all adherence, by aid of the finger, until we reached the stricture. Here, around the neck of the sac, there were fibrous adhesions, which were removed with difficulty. The stricture was so strong as not to allow us to pass the blunt and thin edge of the cannula. We then slipped the index slowly and firmly between the bowel and the fallopian ligament, slipping along its side the blunt bistoury of Cooper, making two free incisions, one outward, which suffices to relieve the bowel. No signs of gangrene being discovered, and convinced that all obstruction was removed, we reduced the bowel and excised the mortified portion of the sac. Very little blood was lost. The wound was well sponged, and the incision closed with three sutures of silk thread, and carefully bandaged. Ice was applied to the wound, and opium given internally to quiet the bowels and relieve pain.

On the third day suppuration began, yet the bowels were highly meteorized; but there were otherwise no alarming symptoms. The wound was dressed with simple cerate and carbolic acid



during the first three or four days, after which carbolized glycerine was used.

On the seventh day, after giving a dose of oil, the bowels were evacuated freely, accompanied with pain; the flatus ceased, the wound healed well, the appetite returned, and with it strength, and once more was the patient in a condition to enjoy health, having been radically cured. We will remark, the patient was pregnant, about six weeks advanced at the time of the operation.

*Peri-uterine Abscess—Supposed Cause, Chronic Perimetritis—Operation and Recovery.*—Mrs. A. H., aged 27 years, mother of two children; residing in Effingham.

In the year 1866, while making an effort to lift a tub, was seized with severe pain in the back, followed by severe uterine hemorrhage, so that it was difficult for the medical attendant to recall her to consciousness. She being at the same time pregnant, contractions soon set in; miscarriage of fetus of four months was the consequence. From that time she continued to suffer with severe pains in the lower part of the abdomen; these darting to and fro to the sacro-lumbar regions, with frequent stranguria and tenesmus of the bowels.

A physician from Decatur having been consulted, he pronounced said disease to arise from a uterine polypus, and she immediately demanded its removal. After being chloroformed, heavy tractions were made upon the neck of the womb in order to bring it down close to the vulva. But where was the polypus then? The operator did not reach it, and the operation was abandoned, by saying that "it could only be reached and removed by escharotics." The fact was there was no polypus. The patient's sufferings began to increase from that time.

In December, 1867, her health became better, and she menstruated regularly. These were heretofore very painful and irregular. She soon became pregnant, and again miscarried at the fourth month; and after recovering from her puerperal condition, she moved to Effingham.

Here she again took sick, her symptoms aggravating more and more until the latter part of February, 1869, when we were called to visit her.

The patient presented the following symptoms: Decubitus dorsal, or facies pale with expression of pain and anxiety; anorexia; pulse frequent and weak, chilling frequently, and followed during

the night with cold and abundant perspiration, severe pains through the abdomen, constipation, vesical tenesmus, and severe pains through the lower part of the abdomen.

On palpation we found a tumor of the size of a large infant's head, extending above the pubis about three inches. This tumor was painful on pressure, distended and fluctuating, movable to a small extent from right to left, but anteriorly or backward nor upward or downward. Per vaginal exploration, the cervix was inclined to the right, its posterior labiæ being enlarged, leaving little of the retro-vaginal cul-de-sac. The os was partly open and granulated, as was discovered by speculum, from which exsuded a sero-sanguinolous liquid of very offensive odor, besides the uterus was considerably lowered. In the cul-de-sac fluctuation was evident, and the tissues considerably enlarged. By exploration per rectum, the tumor was easily felt. But was this an intra-uterine disease or its tissue proper, undergoing some malignant degenerescence, or perhaps a polypus in utero, or a peri-uterine abscess? The probe of Belloc was introduced into the uterus, which showed a deviation of that organ to the left. Sponge teats were introduced into the os in order to dilate it at the neck. We then explored its cavity and found it exempt from any disease or tumor. There was, therefore, no doubt left in our mind that it was a liquid, which had accumulated between the peritoneal membrane and the tissue proper of the womb. But was this liquid serous, blood, or pus? The general symptoms and anterior history of the patient gave us sufficient reason to suspect the formation of pus, which had been formed consecutive to peri-metritis. We were impatient to see the issue, and have our client relieved from pain. After a careful consideration and the urgent request of the sufferer, we decided to operate.

On the 30th of March, 1869, the patient being placed under the influence of chloroform by Dr. Secrone, we plunged a small trocar through the vaginal cul-de-sac into the fluctuating tumor, and to our satisfaction there rushed through the cannula a thick jet of white inodorous pus, and the tumor decreased. We then pushed an injection, with carbolic acid and tepid rain water, into the cavity, and let it sojourn about ten minutes and again allowed to escape, and the cannula withdrawn. Narcotic poultices were applied on the abdomen, and opiates inwardly to relieve pain, besides sulphate of quinia also freely given, with other tonic and martial preparations and a good diet.

On the fourth day the tumor began to enlarge again, notwithstanding the free evacuation of pus through the vagina. On making an exploration per rectum, the pressure of the finger ruptured the membrane and the pus was freely discharged. Although the patient was in a despairing condition, the discharges became less abundant. Strength gradually increased, with good appetite. After several months' duration she was able to walk about and do her work.

*Double and Complete Fracture of the Lower Jaw.*—Charles B., aged thirty-two years, of a robust constitution, a blacksmith by profession, while attempting to bridle a horse, was kicked directly under the left and anterior side of the lower jaw, fracturing it in two places: 1. A complete and transverse fracture between the two last molar teeth, with considerable laceration and contusion of the surrounding tissue, a small portion of the upper fragment protruding through the skin. 2. A complete and transverse fracture between the cuspidatus and lateral incisor teeth.

None of the teeth were displaced, excepting the wisdom tooth, which was loosened. The patient was much exhausted, in consequence of loss of blood and being jolted in a wagon over rough roads for a distance of fifteen miles. The fractures were readjusted as well as the circumstances would permit on account of the œdema of the tissues, and the fragments were maintained in place by slipping a silver wire between the two incisors and the second bicuspid and molar, and twisting them close together, a frond placed around the chin in order to hold the fracture in place; astringent gargles used freely, and sulphate of morphine internally to relieve pain. The swelling having decreased, on the third day we proceeded to apply a permanent splint. We succeeded admirably in this, by the ingenious hand of our dental surgeon, Dr. L. P. Besier. After the removal of the bandages, the parts were held in place by silver wires, while Dr. Besier took an impression on wax and made a splint of vulcanized rubber, extending from the wisdom to the canine tooth included. This splint fitted the case *a merveille*. After stimulating the patient with brandy, his mouth was kept open by an assistant; a silver wire was passed between the two first molars, and slipped through the upper aperture of the splint.

During traction, by a sudden motion of the patient, the wires applied on the anterior fracture broke; this enabled us to coapt the



posterior fracture first, by pressing the splint firmly over the teeth. The anterior fragment was then brought in place, and the splint was fastened down with wires in the interstices of the teeth and fastened over the splint, rendering the whole immovable.

The plate fitted over the wisdom tooth with a thick prominence over it, in order that the upper tooth press on it, and keep the posterior fragment in place. The jaw was then supported from below by a semi-lunar pine board with a strip of tin at the anterior edge, well packed with cotton, in order to prevent the pressure or imitation of the thyroid cartilage during deglutition.

This was fastened to the crown of a hat, without rim, with elastic bands. Low diet and rest was ordered during six weeks, at the end of which he returned to Effingham to have the splint removed. The whole was a perfect success, a moment of joy for our patient, and a feeling of satisfaction for us in seeing the happy result.

The case which we have reserved for the close of our report will, perhaps, be entirely new to most of the gentlemen present. It is of such an interesting character that we might doubt the veracity of the person relating it. Yet we find new diseases every day, especially in surgery. An artificial or accidental anus is mostly found communicating with the vagina, bladder, right or left hypochondriac regions, inguinal crural, or where the bowels have nearest egress through canals or thinness of tissue, and most of these are established by surgery or traumatism. This case is an exceptional one and full of interest.

*Artificial Anus near the Left Trochanter—Recovery.*—Andrew Whelan, aged forty-three years; tall and strongly constituted; foreman of track layers on the St. Louis, Vandalia and Terre Haute Railroad.

Had never been sick in bed, and enjoyed good health until the latter part of October, 1869. A few months preceding this time he felt more or less pain in the lower part of the abdomen, but it did not prevent him from work. He was often affected with diarrhea, and muco-sanguinolous discharges. The first symptoms were chilly sensations with lassitude, extending along the spine and increasing along the thighs and lower part of the abdomen. Fever then set in, and he was obliged to seek relief. \* \* \*

We are not able to give a definite history of the symptoms in the beginning of his illness. We visited him for the first time on January 16, 1870. We found the patient in the following condition :

Great emaciation, dyspnœa; eyes sunken, with dull expression. Face is pale yellow color, covered with abundant perspiration, with an expression of pain and anxiety. Cold sweats would appear and disappear at short intervals, and assisted in dragging down the little vital power left. Tongue hard and dry; pulse small, weak, 120 per minute; frequent mucous eructations and belching of offensive gas; tympanitis considerable, showing the circumlocutions of the bowels.

Severe pain in the left hip, with an impossibility to move the joint upward or downward. Palpation very painful just backward and a little below the trochanter major, with enlargement of the tissues, with a crepitant fluctuation in the region extending from about the upper and outer third of the thigh upward along the pyriformis muscle. We, therefore, suspected an abscess by migration, which then accounted for the above pyæmic symptoms.

Ordered narcotized poultices to the hip and tonic preparations inwardly, such as sulphate of quinaë, elixir, protoxide of iron, and Peruvian bark and wines, with a good diet.

January 17. Symptoms ut supra. After ascertaining the most superficial point of the abscess, we made a free incision about one inch below and one-half inch posteriorly of the great trochanter; a large quantity of dark fetid pus, mixed with bubbles of gas, escaped from the opening. The patient felt relieved, and the general symptoms began to improve, excepting the meteorism, which continued; also the eructations. Poultices sprinkled with laudanum and same treatment.

January 18. The wound discharged profusely during the night. Pulse 89, regular, but weak; bowels have not been evacuated for three days; other symptoms ut supra. Ordered an injection with castile soap and asafoetida, to be repeated if necessary; morphine in case of restlessness. 6 P. M. Two injections have been given, and an abundant evacuation of hard stercoraceous matter was obtained. The nurse insisted at the same time that stercoral substance passed through the incision. Same treatment, and a carminative liniment to be frictioned over the bowels; carbonate of magnesia internally, with milk to relieve these eructations.

January 19. Eructations less frequent, and flatus of the bowels much decreased. There was a great amount of gas and stercoral substance discharged from the incision, the bowels evacuating freely at the same time.

While examining the wound there was a rush of very offensive

gas and a thick chymy liquid and stercoral matters evacuated. This attracted our attention and struck us with astonishment. On palpation the passage of this liquid and gases were traced up along the pyriformis muscle, and gave us all reason to believe it came through the ischialic foramen, the bowel being perforated at or near the sigmoid flexure of the colon.

No special treatment was used, and all we could do in a case of this kind was to help the strength of the poor sufferer and leave the other to Providence and efforts of nature. Carbolic acid was injected, with tepid rain water, as an antiseptic, and tonics, iron preparations, and wine, with full diet, were continued.

March 1. Andrew has good appetite, sleeps well, and is gaining strength fast. The bad sores have healed, and the wound suppurates slightly, leaving no stercoraceous substance through. The bowels are regular.

May 1. The man is again at work on the railroad entirely well.

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### *Art. III.—Acid, Nitro-Muriatic—Dyspepsia—Constipation.*

By T. CURTIS SMITH, M. D., Middleport, Ohio.

Nitro-hydrochloric acid is tonic, alterative, refrigerant, disinfectant, escharotic, caustic, resolvent, and antiseptic. These several therapeutic properties are manifested according to the method or manner of exhibition or application. It is composed, according to the older United States Dispensatory, of one part of nitric acid to two parts of hydrochloric acid. It, therefore, combines and possesses the properties of both these well-known acids. It is said to be the only acid possessing a chemical affinity for gold, hence its vulgar name, *aqua regia*.

But it is more with reference to its therapeutic value in a class of cases that would come under the heads above named, that I expect to speak in this article. In dyspepsia and constipation, the result of the debility of the stomach, lack of hepatic secretion, and a pathological quantity or quality of the gastric secretion, this remedy has been in constant use in my practice for more than five years, and I have never had occasion to regret the applications made of it, or seldom been deceived as to what it would accom-



plish when faithfully used by the patient. I have always used the dilute acids, and not allowed them to be mixed long before administering, though, in a few instances, where the separate acids could not be obtained, I have used an article that has been mixed for several months. I failed to observe any difference in the effect of this from the freshly prepared article.

That it is absorbed and carried into the circulation is established by the effects it produces on the circulating fluid, and the various secretions which it influences, in quantity or quality, and which could not be controlled in any other manner than by absorption, and being carried to these several organs through the blood. That it is absorbed as nitro-muriatic acid unchanged, I will not assert, or attempt to prove, nor can I give the exact character of the chemical change that occurs. Evidence of this absorption is seen in its effects in causing bilious evacuations from the bowels, by its changing the color of evacuations that previous to its administration presented no signs of bile, being one of their constituents. Evidence is also frequently found in the effect it has in influencing the quantity and character of the secretions of the kidneys, rendering the urine more free, changing its quality from an alkaline to an acid reaction, preventing the elimination of oxalate of lime, and causing the elimination of lithic acid or lithate of ammonia; also, by its producing an increased secretion of bile, and its occasional, though rare production of pytalism, when long continued; by its effect in causing an increase of the secretion, from the mucus membrane throughout the alimentary canal, and occasionally by an increased vaginal discharge, of which I have heard some females complain at every attempt to use the remedy. One of the strongest evidences of its absorption is the fact that all these effects may be produced by the external application of the acid, as in the nitro-muriatic acid bath.

It produces its beneficial effect as a tonic, by restoring a healthy tone to the stomach and alimentary tube, and, indirectly, by causing better alimentation, by changing the character of the gastric secretion from a pathological to a physiological state.

It is well known that a "certain degree of acidity" of the gastric juice is necessary to healthy digestion. Where such deficiency exists, this remedy, or one of its kind, is indicated. In some cases this deficiency is so great that when food is taken into the stomach, decomposing fermentation, aided by the natural heat of the body, and not digestion, immediately commences. Here the

remedy not only restores the proper degree of acidity, but by its tonic and antiseptic properties, checks the fermentative process, and digestion is carried on in a physiological manner, so that the ingesta, which would otherwise have been rejected by the stomach in a soured state, is, by the simple aid of the remedy, carried on to perfect alimentation.

It was formerly believed by many physiologists of eminence, that free hydrochloric acid was the principal agent that gave acidity to the gastric fluid. This opinion was originally maintained by Dr. Prout. Carpenter follows his idea, in saying of gastric juice, that "free hydrochloric acid is present in this fluid, and that it is the principal, if not the only source of its acidity." Yet, farther on, in the same paragraph, admits that "free lactic acid" is found, "but its quantity is comparatively small." He says further :\* "The truth appears to be, that both the hydrochloric and lactic acids may give to the gastric fluid the peculiar solvent power which it possesses for albuminous substances, and that one may take the place of the other, so that while in man hydrochloric acid is the chief source of acidity, lactic acid may be so in the dog and pig." Dunglison states that it "contains hydrochloric and acetic acid." On the other hand, Dalton quotes high authorities: Lehmann, Robin, Verdeil and Bernard, as taking the ground that the principal free acid in the gastric fluid "is undoubtedly the lactic, and that the hydrochloric acid obtained by distillation is really produced by a decomposition of the chlorides which enter into the composition of the fresh juice." Still later, we have the idea propounded by reliable authorities that no particular kind of acid is necessary to healthy digestion, but merely a "certain degree of acidity," physiologically secreted. The latter idea is probably the correct one, but in either case the nitro-muriatic acid would be indicated. If hydrochloric acid be the natural element, we have it here combined with an additional tonic acid. If only a "certain degree of acidity is required, we have that also in this remedy, combining with it many other valuable properties. Speaking of it as an alterative, Wood says: "It probably acts by decomposing and destroying substances in the blood, which cause these morbid phenomena, while it leaves the normal constitution of that fluid unaffected." In this connection, he also infers that this is its method of action in relieving cases of fetid breath, and

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\*Loc. Cit., p. 110, par. 96, Amer. ed.

in preventing the elimination of oxalate of lime in the urine. I have also observed it to effect a happy change in fetid exhalations from the skin in cases where the subjects were quite unbearable, and who were, in consequence, practically excluded from open society. In such cases, its effects are more patent in the form of a bath, or by daily sponging the surface with a solution of sufficient strength to produce slight tingling on the surface of the skin.

The dyspeptic cases in which this remedy is applicable are not those suffering from acute or severe chronic gastritis, or where there is great irritability of the stomach from any cause, but in cases attended with great languor, vertigo, dull headache (especially in the frontal portion) furred tongue, bitter taste, congested pharynx (dependent on the condition of the stomach) regurgitation of food into the throat and mouth after meal, or of offensive liquids or gas, attended with a sour, bitter, or oleaginous taste, and the partially digested contents of the stomach, and with pyrosis and frequent vomiting. Not less is it applicable to cases where the bowels *seem* to be in an irritable state, and are affected with alternate diarrhea and constipation—the result of a pathological character, either in quantity or quality, of the secretions from the stomach and bowels, and from the liver. Also, where constipation alone is present, with many or all of the above symptoms, diarrhea excepted, the remedy is effectual by establishing a healthy state throughout the alimentary tube, thus increasing its peristaltic action, and securing a regular evacuation, normal in character.

In nearly all these cases, the liver is either primarily or secondarily rendered inactive, "torpid." I believe the latter condition generally prevails. This is caused by the physiological fact that, although the hepatic artery supplies arterial blood to the liver, the quantity of blood thus supplied is quite small in proportion to the amount of venous blood supplied to it by the portal system. "The blood which has circulated through the capillaries of the stomach, spleen, pancreas and intestines, is collected by the roots of the corresponding veins, and discharged into the portal vein, which enters the liver at the great transverse fissure of the organ."\* From this fissure it divides into branches, right and left, which again divide and subdivide into minute branches and ramifications, thus forming the principal course of blood and nutrient supply to the liver. Now if this blood, so extensively

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\*See Dalton, 3d ed., p. 437.



collected from the most of the digestive viscera, is in a healthy state, the organ it goes to supply will most likely be healthy also, But if these viscera become deranged, as the stomach most certainly does in dyspepsia, then the nutriment it supplies, the chyme it forms, as well as the chyle resulting from its mixture with the hepatic and pancreatic secretions (though in themselves originally healthy) must become also deranged or pathological. The intestinal absorbents, of necessity, take up this impaired nutriment, and carry it into the portal vein, and this to the liver, thus secondarily causing derangement of this large gland, which also, in turn, is affected, and of necessity adds its great influence to the digestive disorder already existing. To correct this, and bring about a physiological state, it is necessary to commence where the difficulty began, viz: in the stomach. This organ brought to a physiological condition, will again yield healthy chyme for conversion into chyle, by admixture with the bile and pancreatic juice. Thus corrected, the blood supplied the portal system will become physiological, and the hepatic organ again active and healthy. We claim this action on the stomach primarily, and on the liver secondarily, for nitro-muriatic acid, and believe this to be the method by which the remedy has its potent effect in regulating the hepatic secretion.

In cases where the dyspepsia has not continued a sufficient length of time to produce any appreciable hepatic derangement, and still long enough to cause a condition of stomach in which the gastric juice is either deficient in quantity or morbid in quality, the remedy will act promptly and most admirably for its permanent relief. If the difficulty has existed longer, it will simply require a more persevering use of it.

In troublesome cases of acidity of the *primæ viæ*, this remedy, acid though it be, will afford relief. This state of acidity is probably produced by morbid gastric secretions, which allows, instead of healthy digestion, fermentation. This the remedy checks by its antiseptic power, and by stimulating the stomach sufficiently to cause it to yield a healthy gastric fluid, as well also as by supplying the "certain degree of acidity" necessary to effect physiological digestion.

In the application of this remedy to increase the secretion of bile, or to render more active a torpid liver where it is of long standing or chronically torpid, we believe it to be far superior, practically, to more active cholagogues. The latter rapidly

increase the secretion of bile and its discharge into the alimentary tube during the short space of their influence ; but they can not be long continued without great detriment to the digestive viscera. Their action being only transient, they have the more frequently to be repeated, and the oftener repeated the greater the mischief effected. They act by over-stimulating the liver and alimentary mucus membrane ; and when the stimulus is lost, or passed off, the condition is worse than before their use. But not so the acid. Its first effect is that of a tonic to the stomach and mucous lining of the bowels ; then, by absorption, its next effect is to cause a steady, but not too rapid hepatic secretion. In this manner it is no doubt a good general tonic, especially in older people. There are, however, many cases in which the acid is more effectual by being preceded by a large portion of calomel, well carried out by other cathartics, should it fail of itself to operate. In these instances, the acid should not be administered for two or three days after the calomel has stopped operating, otherwise ptyalism will be very liable to occur.

There are many cases in which constipation is caused by a lack of tone in the muscular or fibrous tunic of the intestinal canal—the condition atonic. In this it is probably not a direct tonic, but it requires only a short perseverance with it to appreciate its beneficial effects, which it probably produced by first increasing the action of or giving healthy tone to the mucous lining, thus increasing its absorbent and nutrient ability ; and this in turn is communicated to the fibrous tunic directly or by absorption. Again, where this condition attains, the mucous lining itself is often in a similar state. In that case the remedy is still more plainly indicated and effectual.

It will be observed, in the use of this acid, that it has no tendency to weaken or debilitate the system or any part of it, but the reverse. Certainly as much can not be said for most of the remedies which are commonly used for the conditions in which this one has been recommended. Many, no doubt, will fear that its continued use, on account of its being a powerful irritant, would be liable to produce the very disorder it is here expected to relieve, or even gastric inflammation. Of this I was at first fearful myself, and used it not without some apprehensions as to the mischief it might produce ; but experience has taught me that these fears were unfounded. If administered in a proper state of dilution, it can produce no ill effects. I have been in the habit of preparing

or prescribing the following solution: R. Acid, nitro-muriatic,  $\text{ʒi.}$ , aque puræ,  $\text{ʒiv.}$ , or instead of water, simple syrup or cinnamon water. Of this, a teaspoonful, just before commencing to eat, in a half-glass of water. If taken even a few minutes before eating, or after it, the mouth should be rinsed with a weak alkaline solution, generally a weak solution of bicarb. soda, which article is nearly always immediately at hand, for baking purposes, and can be prepared *ad libitum*.

In most cases it is best to precede the use of this remedy by a mild cathartic, as the pil. rhei. comp., or a few grains of colocynt comp. ext., with an aromatic. Where there is a heavy yellow coating on the tongue, the pil. cath. comp. is best (of course barring acidity, which should always be removed before the administration of mercurials); but where these are used, the acid should be deferred one or two days to prevent pyalism, which is always an unpleasant complication.

In addition to the diseases above mentioned for which this remedy is recommended, there are many cutaneous affections in which, as an alterative, it is highly beneficial; but as this article is prolonged, I will desist from anything further than the report of a few cases of dyspeptic character:

Mrs. A., æt. 37, sandy complexion, nervous temperament, thin, rather anæmic; has furred tongue, bitter taste, vertigo, frontal headache, loss of appetite, acidity of stomach; uneasy sensations in the stomach, sometimes amounting to severe pain after meals; habitually costive, catamenia regular. R. Pil. rhei. comp.  $\text{iv.}$ ; take at once. After operation take of above solution  $\text{ʒi.}$ , in a half-glass of water, just before eating. In three weeks the patient was relieved of all unpleasant symptoms. This is a very common case, and easily relieved; but if treated by cathartics, as they too often are (for these afford immediate temporal relief), and then left without anything to keep in steady action the secretions of the digestive organs, it will in a few days be as bad or worse than before. The frequency of such cases demands at our hands a remedy\* that can do little or no harm, and still powerful enough to accomplish the desired end.

Mr. McH., æt. 52, farmer, spare habit, nervous temperament; very irritable; tongue red, slightly furred; bitter taste, vertigo, headache, frequent fetid eructations, acidity, gastralgia frequently, appetite very poor; alternately very costive and diarrhea; urine scant, high colored, alkaline; pain in right hypochondrium; liver



slightly enlarged; in short, has been a dyspeptic for many years. Ordered a mild cathartic, followed by the acid solution. Saw him one month later, when he expressed himself as highly pleased with the effects of the remedy, and thought it had been more beneficial than all the remedies he has ever taken. He continued the treatment for one year with little remission, after which he has always been in good health, and has lost his irritability. At times, he, as well as his family, almost doubted his sanity. It is just such a case as that in which Wood so highly commends the remedy. He says (see Wood's Therapeutics, 2d ed., p. 384): "There is a special morbid condition, which I have occasionally met with, and have for many years been in the habit of combating by means of this remedy with the happiest success. I do not know that I can convey an accurate idea of this condition to the reader, but it is sufficiently well characterized to my own observation." Then, after giving all the symptoms of the above case, says: "I have attributed this condition to a depraved state of the blood, dependent probably on a defective digestion and assimilation. It may continue for weeks without abatement; but, under the use of nitro-muriatic acid, begins to improve in a few days, and, in a period of time varying two or three weeks to some months, often yields entirely." \* "In all these, oxalate of lime was noticed in the urine."

Many cases of the above kind might be reported, but I forbear further extension of this article. My chief excuse for it is the fact that though it is a remedy in common use, its value in diseases of this type is seldom or not frequently recognized. It is cheap, efficient, and, in my opinion, less liable, when properly administered, than most other remedies to work mischief in the digestive viscera. While I believe from experience that it will effectually relieve over ninety per cent. of these cases, there are, however, some in which it is of no benefit. If the spine or sympathetic system is examined in these cases, the cause will generally be found; while the dyspepsia, gastralgia, constipation, and hepatic torpidity are simply the result of such nervous derangements, and remedies should be first addressed to the cause of the malady.

I will only add, further, that in cases of very obstinate constipation, enough resin podophyllin may be added to the solution to make one-twentieth of a grain to each dose. Also, that the acid may very often be added to other tonic preparations with advantage, except such, of course, as contain remedies incompatible with the acid.

## Ophthalmological.

*Cases in the Ophthalmic Practice of Prof. E. Williams, M. D.,  
of Cincinnati, Ohio.*

Reported by J. THOMPSON, M. D.

Mr. E., æt. 23, of Cincinnati, Ohio, was engaged in breaking some cannel coal, October 20, 1870, when a piece of same struck him on the left eye—whether on closed lid or not he did not know—which caused severe pain for several days and then passed off. His friends examined the eye very minutely, but finding nothing in it attributed the soreness to the blow which had been received. Nothing more was thought of it until November 7, when it again began to give him trouble—photophobia, lachrymation, etc.—which caused him to present himself at Dr. Williams' office for the first time, with the following objective symptoms:

Pupil contracted, pink zone around cornea, conjunctival injection, and a small elevation in upper and outer portion of cornea, which, upon oblique illumination, was found to be a foreign body imbedded in said membrane. The base of said body extended through the membrane of Descemet, while the apex was completely covered by that of Bowman. An effort was made to extract it with the "spud" in the ordinary way, but no sooner was it touched than a small spirt of aqueous humor took place. It was evident that any procedure from without would certainly push it into anterior chamber, a complication anything than desirable. A narrow iridectomy knife was then passed through cornea at its sclerotic junction, and pushed forward behind foreign body, which was held in position until removed with a broad cataract needle.

The body proved to be a piece of cannel coal, triangular in form, the length of which six millimeters, breadth four. The eye was then lightly bandaged until the following morning, when it was taken off. Atropia sulph. was then ordered to be used three times, and patient to report at office next day. Patient reported as directed, eye looking remarkably well; nothing further was used in it, and at the end of five days he was well and at his daily avocation.

*Remarks.*—The large size of body, and yet its having escaped detection, the utter uselessness of efforts at extraction without support from behind, the unpleasantness which would have followed the pushing it into anterior chamber, and the still greater unpleasantness which would have resulted from the wound of lens had the case fallen to the lot of one unaccustomed to manipulating instruments in anterior chamber, are points presented for one's cogitations.

*Case II.*—Immediately after writing history of the above case, the following came under observation :

Mr. E. A., æt. 25, a plumber, Cincinnati, Ohio, was cutting off gas pipe with a cold chisel, when a piece flew into his left eye; he went immediately to a "doctor" of throat and lung notoriety, who worked at it for a time and then told him he had taken it out; but as his eye still continued to pain him, he returned to said doctor, when he was informed that he must seek other advice, as "he had no glass." In accordance with the above valuable instruction he presented himself at office July 6, 1871. His eye was very much injected in ciliary region, pupil contracted, and a piece of bright metal, plainly visible, was imbedded in cornea, about one-eighth of an inch from its junction with sclerotic.

The corneal tissue covering foreign body was quite smooth, it having entered sidewise from left to right. It was seen to tremble when pressure was made near it, showing how easily it might have been pushed into anterior chamber.

It was evident that a similar treatment to that spoken of in former case would have to be resorted to in this, accordingly an iridectomy knife was entered at inferior corneo sclerotic junction, and was just being pushed behind foreign body when it fell from its slender attachments into anterior chamber. Said body was not touched with point of knife, but in the effort to thrust the knife forward behind the body, it caused a wrinkling of the cornea, which caused its detachment, it having protruded partially into chamber.

As the aqueous was now lost, and as a direct attack offered no prospect for success, it was deemed advisable to wait until chamber had partially refilled, and then commence a flank movement in a tangential direction. Accordingly, after waiting about ten minutes, a narrow Grafe's knife was passed into left counter puncture to right of foreign body, then made to cut its way out as in cataract



operations. No sooner was the incision completed than the escape of aqueous caused a prolapsus of foreign body with a small portion of iris, which was seized with the forceps and snipped off with scissors. The eye was then lightly bandaged until the next morning. Atropine was resorted to as in first case, and in four days he was discharged with normal vision  $S=15-15$ .

*Remarks.*—The case just mentioned is of still greater interest to us than the first, owing to the body having fallen into anterior chamber, thereby causing a serious complication. The endeavor to extract so sharp a piece of metal, without at the same time including a small piece of iris, would, in all human probability, have resulted in serious mischief to the eye; it would so have pinched, scratched, or torn the iris, and thereby given rise to a violent inflammation, with its train of sequela, which, when weighed against a slight coloboma of the iris, leaves one in no doubt whatever as to the course he should pursue.

*Case of Primary Inflammatory Glaucoma.*—Mr. M., æt. 45, Louisville, Kentucky, presented himself December 8, 1870, and gave the following history: "About three months ago had pain in and around the right eye, with considerable hardness of same, and slight dimness of vision, which lasted a few days and then passed off. Paid but little attention to it at the time, supposing it to be a species of neuralgia, following a cold. December 5th, was troubled with another attack, much more severe than the former one, with sickness of stomach and vomiting, and loss of vision with right eye, which caused him great uneasiness, and forced him to the conclusion that something was wrong."

On examination it was found that  $S=0$  in right eye, and 15-20 with + 48 in left, showing a manifest hypermetropia of a 1-48 in left eye, with vision equal to nil. in right eye. Conjunctival and subconjunctival injection quite marked, pupil dilated, iris pushed forward and immovable, much cloudiness of humors, with extreme hardness of the bulb. Patient was informed that he was laboring under glaucoma, and that unless he submitted to active measures his right eye would not only remain blind, but that sooner or later the left might take a similar process. He wisely consented to submit to that treatment which offered the greatest chance for success, and accordingly had an iridectomy made upward and outward the same day—the operation was made while the patient

was under chloroform. The eye was then bandaged, and a dose of morphine ordered for bed time.

December 9. Globe much softer; blood in anterior chamber; cathartic.

December 10. Blood absorbed; anterior chamber much deeper than before operation; globe soft; can see objects in the room with right eye, and can count one's fingers. He continued to improve, and went home December 13, with S=15-100, promising to return in a few days.

Returned January 10, 1871. Has suffered no pain; eye looks remarkably well externally. Ophthalmoscopic examination: humors clear; slight staphyloma posticum; no arterial pulsation visible. He can read Cincinnati *Commercial*. S=15-30.

*Glaucoma Simplex*.—Mrs. L. C. W., æt. 65, Indiana. History as follows:

"Early in 1868 noticed feelings of giddiness and rushes of blood to head several times during the day, with pain in and around right eye, and at times could hardly see with it, especially in the morning; also noticed balls of fire, flashes of light, and bright rings of various colors around lamp when lighted in the room. In the spring of 1868 sought advice in Madison, Indiana; was told that the nerve of eye was diseased, and that she might yet have cataract also; but the physician was not positive concerning the latter opinion. Eye-water was prescribed, which appeared to relieve her for a time, but in about one year from commencement of disease, she found that the sight of the eye was entirely gone. Noticed also that before the entire failure of right the left had taken a similar action, but could see to read with it until April 7, 1870, at which date a fit of asthma appeared to aggravate her case very much for several days; again became better, and remained so until about the 1st of June, 1871."

July 1, 1871. Examination at this date reveals the following: Pupils very widely dilated and immovable; globes almost as hard as marbles; can not distinguish between light and darkness with right; can make out a few letters of No. + + + Snellen, at eight inches, with No. + 10, if held in certain position on temporal side of left eye, which gives us S=1-45. The field of vision is so much contracted, however, that at eight inches it does not embrace an area as large as a common sized teacup, and is not sufficiently large to admit of her finding her way alone; for I noticed

that as she was led into the office, she twice bumped her head against the door posts.

Iridectomy was urged upon the patient, not with any view or hope of restoring vision, it being feared that the case had gone too far to admit of expectation in that direction. The object in urging the operation was simply to enable her to retain what little vision she then enjoyed and to free her from suffering. For some time patient hesitated, but upon the urgent solicitation of her husband she consented to undergo the operation on the following Monday.

July 3, 1871. After a couple of applications of the calabar bean to contract pupils, the operation was made upon both eyes—patient being under chloroform—quite broad and well up to ciliary border. Light compresses were then placed upon the closed lids and bandaged.

July 4. Bulbs much softer than before; blood which remained in pupil after operation entirely absorbed.

July 5. Patient could see to count fingers, and continued to improve until the 8th, when she returned home, since which time we have heard nothing concerning the case. Just before she left could see articles of furniture about the room; could count one's fingers at fifteen feet, and said she could see much better than before the operation. Having no test types at hospital, we could not correctly ascertain acuteness of vision.

*Remarks.*—The necessity of one's being constantly on his guard in the diagnosis and treatment of eye diseases can not be more strikingly and forcibly seen than in the history of the above cases. In one, the eye was preserved with useful vision through a timely iridectomy. In the other case, the glaucomatous process was suffered to continue until the function of the retina was totally abolished in one, and so much impaired in the other eye as to deprive patient of useful vision.

Many cases could I have reported which have occurred during the past year in the practice of Dr. Williams, but simply mention the two owing to the striking contrast. The one is a fair sample of the *good* results which usually follow the operation when made early; the other shows the *imperfect* results which usually follow when the operation is too long delayed.

That an operation on one eye often hastens or excites the glaucomatous process in the other there is no doubt, but then it is in



most of such cases simply a question of time; we are then on our guard and prepared to treat it.

The causes of the almost continuous intraocular tension in this disease are not fully known, but thanks to the late illustrious Von Grafe, the treatment is known.

Just how an iridectomy acts in permanently relieving said tension is not exactly known, and for that reason many decry and reject it; but the question arises: Are we to refuse to practice the only treatment which offers any prospect for success, and which has stood the test for fifteen years, because there is no "finely spun theory" in its favor? We think not, but will leave all such nice points to the overwise, while we continue to practice it until convinced of and taught a better method.

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*Treatment of Hemorrhoids.*—Dr. John H. Packard, Surgeon to the Episcopal Hospital, Philadelphia (*New York Medical Journal*), says that one principle should govern us in all the palliative measures adopted in any case of piles, namely, to prevent straining. And this may be carried out in various ways. Besides the adoption of a proper diet-table, embracing simple but nutritious food, well cooked, and not highly seasoned, there are four points to be attended to. By means of medicine we keep the bowels easily moved; 3 ss. or so of sulphur, mixed with cream or molasses, every morning before breakfast, will do this. Or by very small doses of Epsom salts, by Vichy, Congress, or Bedford water, we may accomplish the same end. The second measure is mechanical—the patient is instructed to have made a board, with an opening about five inches wide by fourteen long, to place over the ordinary privy-seat, which allows the nates to bulge down too much; this will, in a great degree, prevent the protrusion of the relaxed rectum. The third is the use of astringent suppositories, to be used after each stool. He has found the perchloride of iron, grs. j, ij, or iij, made up with cacao-butter, to answer best, unless the piles are inflamed, when the acetate of lead is more soothing. The fourth element of the treatment is the employment of a hemispherical block of ivory or vulcanized rubber, about as large as half a billiard ball, attached to a spring of properly adjusted strength, and this again fastened to a belt. When in place this supports the parts, and in cases of great relaxation, prevents their descent in walking; the comfort thus afforded is very great.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'T.

## CASE OF HYDRONEPHROSIS.—REPORTED BY DR. J. J. QUINN.

My attention was called, on the 3d of April, 1868, to R. M., aged one year and seven months. The case presented the appearance of an ordinarily healthy child with a largely and uniformly distended abdomen. Although considerable quantities of flatulence were soon removed, and the bowels thoroughly evacuated, it was not until several weeks had elapsed that any organic disease could be discovered. I then detected a small tumor in the left hypochondrium. This gradually and steadily increased in size for about two years, extending to the left iliac, the hypogastric, and the epigastric regions. Within the last twelve or thirteen months there was no perceptible growth of the tumor itself, although the abdomen presented variable degrees of enlargement, elasticity, and hardness. At one time there would be a tympanitic condition, with enormous gaseous distention; at another, an undulation, or sense of fluctuation, with apparent pointing either toward the left iliac region or directly over the pubes, and immediately to the right of the median line; occasionally, the tumor would seem to have a greater degree of consistence, but soft and irregular in form; again, it would appear hard, solid, and uniform. The abdominal muscles would be, at one time, relaxed and flaccid, and at another contracted and rigid; but whatever their condition, whether the abdomen was tumid or shrunken, tense or soft, there was no pain upon pressure or otherwise until forty-four days before death.

When the patient was in a recumbent position the tumor occupied the left hypochondrium and the hypogastrium, and often, but not invariably, extended to the epigastric and right hypochondriac regions, with a transverse or oblique fissure or indentation, giving it a lobular appearance. This was sometimes the case in a standing attitude, though the tumor would then generally descend to the

left iliac region, and occasionally press upon the sigmoid flexure of the colon, causing obstinate constipation.

During the development of the tumor the general health of the child was otherwise good, the occasional flatulence and constipation being easily corrected. After the apparent cessation of its growth the flatulency became more frequent; the constipation more obstinate; the pulse smaller in volume; a large number of ascarides passed from time to time from the rectum; gradual anæmia ensued; and emaciation and cachexia followed, although the appetite continued good, sometimes indeed voracious, until a few days before death. Still the patient was cheerful and happy, played as other children, and complained of no pain or inconvenience from the enlarged abdomen. Her urine appeared natural in quantity, and quality, except being at times high-colored, though not more so than frequently found from healthy persons. There was certainly no mixture of the contents of the tumor with the urine, unless it occurred within twenty-four hours of death. No difficulty or pain was ever experienced in micturition, and diuretics always acted promptly and well.

The patient was seen during the progress of the disease by a number of physicians and surgeons. Some thought the case one of simple flatulency from indigestion; some, one of ascites; some, an abdominal abscess; and others, an enlargement of the mesenteric glands. These different opinions would seem warranted by the varying appearance of the abdomen under different examinations: the elasticity of its walls, the undulatory motion, the sense of fluctuation, and the alternating softness or solidity upon the relaxation or contraction of the muscles. Those who had an opportunity of several examinations, as well as those who examined the case in its last stages, could detect the tumor, but could not satisfactorily determine its character; some supposed it to be ovarian, but none thought it involved the kidney or ureter.

On the 12th of April last, soon after prolonged exercise in "jumping the rope," the patient was seized with violent paroxysms of colic, with excruciating pain in the left iliac region, where the tumor presented in a hard, solid form. Great difficulty was experienced in opening the bowels, which were constipated; but relief was obtained upon the removal of large stools of impacted fæces. The constipation and pains continued to recur, after intervals of relief, varying from a few hours to three days—the pulse growing smaller and weaker, the emaciation increasing, and, a few



days before death, the appetite suddenly and entirely disappearing. The patient died May 27, 1871, aged four years and eight months, more than three years after the beginning of the disease.

Among the points of interest which suggested themselves during the progress of the case were :

1. The obscurity of the disease.
2. After the detection of the tumor, the obscurity of its origin and nature.
3. The varying boundaries of the tumor under different, and sometimes under the same position of the patient.
4. The simulation of a more solid tumor than really existed, produced, at times, by the contraction of the abdominal muscles.
5. The simulation of a lobular tumor, caused, as it would appear from the *post mortem* examination, by the position and fullness of the transverse colon.
6. The slight disturbance of the general health for so great a part of the period of disease, and the immunity from pain or sense of uneasiness; and,
7. The apparently normal secretion of urine throughout the existence of the disease, and its freedom from any foreign substance. This is rendered more interesting from the following report of the autopsy furnished by my friend, Dr. W. W. Dawson, who made the *post mortem* examination :

“*Post Mortem*.—On opening the abdomen a tumor was exposed, which occupied almost the entire cavity. It gave a sense of fluctuation but was, from its liberal adhesions, immovable. In front, as high as one inch above the umbilicus, it was covered by the omentum closely adherent. Crossing the tumor at this point was the transverse colon, and by its right side the ascending colon, both closely attached by fibrous bands of no recent date. After breaking up the connection between the tumor and these divisions of the bowel, the descending colon was found to be still more intimately connected with the abnormal growth—the knife was necessary to make the separation. The whole of the anterior surface of the tumor was now exposed and its outline defined. It was pyriform in shape, the base being above, pushing upward the stomach and spleen and closely attached to both of them, whilst the apex was below and presented toward the left iliac region. The uterus, fallopian tubes, and ovaries were brought into view, and showed no connection whatever with the tumor. An effort was now made to remove the tumor, but so firm were its adhesions,

both posteriorly and superiorly, that the knife and scissors were frequently called into requisition; in fact, in severing its connections above where it was attached to the spleen, a small portion of the walls of the tumor were left. After evacuating the contents the cavity was traced downward to the bladder. A probe failed to pass from the tumor to the cavity of the bladder, but from the vesical cavity a probe entered the cyst without any difficulty.

"On laying open the tumor after the evacuation of its fluid, its cavity was found to be of an exceedingly irregular character, literally made up of pouches, these pouches growing smaller as the bladder was approached. Its internal surface was uniformly of a darkish brown color, except in the left lumbar region, where the edges of the pouches were rough and irregular, and by a deposit of recent lymph showed signs of recent inflammatory action. No trace of the kidney or supra renal capsule could be detected. The degeneration of both was complete, all that remained of the renal apparatus were the pouches of the tumor, showing some relationship between the abnormal growth and the pelvis and calyces of the normal kidney. This case is peculiar in the fact that there was not only degeneration of the kidneys and capsule but of the ureter also. The irregular cavity with its pouches continued to the bladder itself, and we found the valve-like connection, not between the ureter and bladder, but between this irregular cavity and the bladder.

"So far as our researches go, this case of hydronephrosis, with its entire degeneration of kidney, capsule, and ureter, is without a parallel.

"In the case of congenital hydronephrosis reported by Thomas Hilliers in the fifty-second volume of the *Medico-Chirurgical Transactions*, and referred to in the report of the section on pathology of this Academy, in connection with Dr. Good's case of renal cyst, there was a complete degeneration of the kidney, but the supra renal capsule and ureter were intact.

"The contents of the sac were sero-purulent, the purulent character being imparted, no doubt, by recent inflammation.

"The valve-like connection between the cavity and the bladder prevented the escape of the fluid, hence up until the death of the patient the urine presented nothing abnormal.

"The right kidney was double the normal size."

## Correspondence.

EDINBURGH, SCOTLAND, *June 15, 1871.*

*Dear Doctor :* It occurs to me that it may not be uninteresting to you to hear something of the way in which the "antiseptic treatment" is carried out in the wards of the Royal Infirmary here. I have seen Mr. Lister operate several times; have watched him apply his peculiar dressings in cases previously operated upon; have heard him lecture, and have, in private conversations with him, learned what he does, why he does it, and with what success. That his success is almost marvelous, I can bear testimony; for I never before saw serious injuries and operations followed by so little local and constitutional disturbance. The prime object, of course, of the "antiseptic treatment" is, as its name would indicate, the prevention of putrefaction and the disturbances consequent thereupon. The underlying principle is the "germ theory" of putrefaction, in which theory Mr. Lister is a thorough believer; and, as I heard him say, no man will fully and satisfactorily carry out the antiseptic plan of treatment who does not accept this "germ theory." It is not the prevention of suppuration that is sought to be accomplished (though this is accomplished in very many cases), but the prevention of any pus formed undergoing the putrefaction change, and thus becoming the source of local and general evil. Suppuration being always due to overstimulation, the irritation may come from within, *i. e.*, be of nervous origin, or from without from the application of mechanical or chemical irritants. Whatever the cause of any existing suppuration, the resulting pus, in itself considered, is harmless in the great majority of cases so long as its putrefaction is prevented. Upon the germ theory, putrefaction being the result of the introduction of organic germs from without, any agent that will destroy such organisms before they have reached the suppurating part will, of necessity, keep the pus harmless. Pus may be present during the progress of a case treated antiseptically, for the treatment, be it remembered, is *antiseptic* not *anti-suppurative* ;



but if present, it does no harm. Indeed, in many cases, wherever in fact there is an open wound, unless special precautions are adopted, the antiseptic treatment, instead of preventing, actually *causes* suppuration. The noxious germs that induce putrefaction, can, so far as are now known, only be destroyed by chemical agents, that are in themselves irritants to the part treated, and consequently provocative of suppuration; but the irritation thus produced is much less in degree than that produced by the putrefying fluids of a part not antiseptically treated, and constantly and rapidly diminishes in amount until it ceases altogether. The two principal organism-destroying agents here employed are carbolic acid and the chloride of zinc; the former preferably when it is the prevention of the introduction of the germs that is aimed at—the latter when it is desired to destroy germs already present in the diseased part, the action of the chloride of zinc being of longer continuance than that of the acid. The acid is used in combination with olive or linseed oil (in proportions varying from 1 to 4 to 1 to 10 or 12); in aqueous solution (1 to 20 to 1 to 100); and in what is here known as the “antiseptic gauze.” I saw the chloride of zinc used in Dr. Morgan’s strongest solution, 1 part to 12. Though present at several of Mr. Lister’s operations, including among others, an excision of the elbow joint and the removal of sequestra in necrosis of the tibia, that which best illustrated his mode of operating was a case of mammary abscess, both breasts being affected, in one a spontaneous opening having taken place. The breast in which was the abscess about to be opened was thoroughly rubbed over with the carbolized oil “to destroy any germs that may be present in the follicles and about the hairs,” and then covered with a piece of linen wet with the strong aqueous solution. Even in the axilla the hair was shaved off and the oil applied. A solution (of strength of 1 part to 40) was then played upon the part by means of an ordinary spray producer, the cloth previously applied removed, the incision made, the pus evacuated by pressure, and a cloth saturated with the solution applied, the spray yet being meanwhile constantly kept up. As the abscess in the other breast had opened spontaneously some days before, it only remained to destroy, if possible, the germs already present; for which purpose the solution of the chloride of zinc was employed, and that, too, most thoroughly. Then, *under the spray*, the preliminary dressings applied to the breast first operated upon were removed, the “pro-

protective," so called, applied over the incision in order to prevent the influence of the carbolized dressing being exerted directly upon the wound and thus inducing suppuration by its own chemical irritation; the antiseptic gauze, some four or six layers thick, placed over the "protective," thin rubber cloth being interposed between the outer layer and the next; the "gauze" similarly applied upon the other breast (the protection not being used), and the dressings fixed in place by an antiseptic bandage applied in the ordinary way. Everything was done with the most extreme carefulness. Not an article was used until after it had been rendered antiseptic; upon even the knife and the operator's fingers acid was "sprayed."

I have been thus minute, perhaps tedious, in describing so simple an operation as the opening of a mammary abscess; but Dr. Lister has had greater success than the vast majority of those who have adopted the antiseptic treatment, and this greater success is believed to be due to the attention paid to every little detail of operation and dressing. To operate and dress antiseptically requires time, care, and patience, and he who can not or will not give the necessary time, care, and patience, need never hope for such results as Dr. Lister is securing in both public and private. Three weeks ago he divided a cicatricial web, uniting the arm to the side of the chest. When I saw the wound dressed, there was a granulating surface at least six inches in extreme diameter. The granulations were perfect; the skin immediately surrounding the wound had as healthy, natural an appearance as anywhere else on the body; though the dressings had not been changed for three days, the amount of discharge upon the "protective" and the gauze above was slight; and there was not the least pus smell about either wound or dressings. The man had not been confined to his bed at all, and had had scarcely any pain from the time of the operation. I instance this as one of many cases seen in the wards. It will be noticed that I have mentioned the use in this case of the "protective," and in such a case Dr. Lister always employs it, in order that the granulating surface may be shielded from the irritation that would result from the direct contact of the carbolized dressings. This "protective" is oil silk, first brushed over with copal varnish and then with dextrine. At the moment of application it is dipped into a carbolic acid solution, which renders it temporarily antiseptic, and at the same time, of course, irritant; but as the acid is soon dissipated, this irritation

amounts to nothing. The "antiseptic gauze" is ordinary fine gauze that has been dipped into a mixture of carbolic acid, paraffine and resin, wrung out and dried. It is a very convenient way of applying the antiseptic, and seems to answer the purpose admirably well. One part of the acid is used with four or five parts of paraffine and seven or eight parts of resin. Like everything else, the ligatures employed here are treated antiseptically, and I saw nothing used except "carbolyzed catgut," both ends of the ligatures being cut short and the knot left to be absorbed. If I can find time I will, at an early day, give you some facts respecting the preparation and use of this "carbolyzed catgut." For the present, I must rest content with what has already been written. Edinburgh, as the "mother city of American medicine," has a right to claim a visit from American students, but she has a present as well as a past and living Gamaliels at whose feet it is worth any man's while to sit.

With kind regards,

I am, very truly,

P. S. CONNER.

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#### MASSACHUSETTS MEDICAL SOCIETY.

BOSTON, MASS., June 12, 1871.

*Messrs. Editors:* The annual meeting of the Massachusetts Medical Society was held last week in this city. On Tuesday morning, patients were exhibited and surgical operations performed at both the Massachusetts General Hospital and the City Hospital. The first session of the society commenced at 12 o'clock. Scientific papers were read upon the following topics: *Baldness*, by Dr. Edward Wigglesworth; *Torsion of Blood Vessels*, by Dr. Henry Tuck; *Tuberculosis*, by Dr. R. H. Fitz; *External Manipulation in Obstetric Practice*, by Dr. Wm. L. Richardson; *Venesection*, by Dr. H. S. Bowditch. In the afternoon, the various anatomical and historical museums in the city were opened for the benefit of the Fellows of the society.



In the evening, the Councilors held their annual meeting, and transacted the usual business that comes before this body preliminary to the meeting of the society on Wednesday. The attendance of the Fellows on Wednesday, the *real* day of the society, was quite large. After the election of officers for the year, the treasurer's report was submitted, showing that the receipts for the past year were \$10,418.21; expenditures, \$7,799.61; leaving a balance in the treasury of \$2,335.38. The debt of the Society is \$1,000. The general property of the society amounts to \$30,420.17.

Dr. John Dole read a paper entitled *Practical Aspects of Medical Science*; Dr. Fifield, one on *Helps in Practice*. The Committee on Prizes, appointed three years ago, to examine papers that might be presented for *The Most Effective, Ready, and Cheap Method of Ventilating Sick Rooms in ordinarily-built Houses*, reported that twenty-six dissertations or plans had been received. The prize was awarded to the author who signed his paper "X. Y. Z." The author, who refuses to make known his name, requested that the prize money (\$50) be used to make known the plan.

Dr. Cheever presented a boy whose left elbow had been resected eighteen months previous, removing the entire joint. The result was quite perfect—motion free and easy, and quite as useful as the right arm.

The most important action of the society was the passage of the following preamble and resolutions by only *one* negative vote. These resolutions were adopted at the Councilors' meeting the evening previous, after a somewhat heated discussion. It is well known that our State society contains on its roll of membership several homeopathic practitioners, who entered the society as "regulars," but soon after became converted to the doctrine of similia, etc. The by-laws of the society have heretofore been as a dead letter, and the men of "small doses" have been allowed, or have allowed themselves, to remain in the society, defying any action against them. It is now thought that some new life will be infused throughout the regulations of the society, and that all "irregulars" will be brought to grief in due time.

I quote the resolutions as published in the *Boston Medical and Surgical Journal*:

"Whereas, The Massachusetts Medical Society has always endeavored to make, as its charter emphatically enjoins, 'a just discrimination between such as are duly educated and properly qualified for the duties of their profession, and those who may ignorantly and

wickedly administer medicine ;' while at the same time it has ever acted in accordance with the "liberal principles" of its foundation, and shown itself ready to examine and adopt every suggestion, from whatever source, promising improvement in the knowledge and treatment of disease ;

"And whereas, It is alleged that some of its Fellows, in opposition to the spirit and intent of its organization, consort, in other societies or elsewhere, with those whose acts tend "to disorganize or to destroy" the society ; therefore,

"Resolved, That if any Fellow of the Massachusetts Medical Society shall be, or shall become, a member of any society which adopts as its principle in the treatment of disease any exclusive theory or dogma (as, for example, those specified in Art. I. of the By-laws of this society), or himself shall practice, or profess to practice, or shall aid or abet any person or persons practicing or professing to practice according to any such theory or dogma, he shall be deemed to have violated the by-laws of the Massachusetts Medical Society by "conduct unbecoming and unworthy an honorable physician and member of this society.—*By-Laws*, VII., § 5.

"Resolved, In case the society concurs with the Councilors in the preceding resolution, that the president of the society shall appoint a committee of five Fellows (to hold office one year and until others are appointed), to bring before a board of trial any Fellow who, three months from this date or after, shall be found chargeable with the offense set forth in the foregoing resolution.

"Resolved, That, after concurrence by the society, the foregoing preamble and resolutions shall be printed, and a copy sent to every Fellow of the Massachusetts Medical Society."

Dr. Henry A. Martin, who was deposed from the chairmanship of the Committee on Vaccination of the National Medical Association, produced a pamphlet in which he defended himself for writing an article in the *Homeopathic Journal* on animal vaccination.

At 1 o'clock Gov. Claflin came into the hall, and Dr. Henry J. Bigelow delivered the annual address, which occupied more than an hour, and was a very able and eloquent discourse, and will be read with great interest. I give you a brief abstract as reported in the local papers; also the address of Dr. Parks, the anniversary chairman, whose duty it is to preside at the annual dinner :

Dr. Bigelow first offered a few practical hints upon medical education. He claimed that the medical school should furnish a sound, solid education to a large number of scholars without show-

ing favor to any, and without subterfuge and error. The excellence of the practitioner, Dr. Bigelow claimed, depended far more upon sound judgment than upon a sound education, important as was the latter element. He urged a higher standard of education; one that should include physiological and natural chemistry, such a knowledge being of the highest value to the physician. He deprecated the whiling away of much time, however, in the laboratory, for the greatest attention should be given to the laws of hygiene and the different forms of disease. He would have them remember that the students who stood at the head of the class in collateral sciences were not always first in the field of great medical discoveries. It was not necessary to educate a young man as if he were to serve all his life in a laboratory; let it first be found out what is specially wanted, and then apply that theme, whether it be of physics or of surgery, to his mind, in the shortest and easiest manner possible. In giving a liberal education, he urged that they should begin at the beginning and teach the child, and when the medical student came along, after a preparation of only three years, not to send him wool-gathering among the abstract and collateral sciences, but to remember that mathematics, physics, botany, and chemistry, as subjects of study, were secondary to the study of medical science and medical art. He showed the utter futility of the American Medical Association attempting to control the action of a physician in placing the benefits of his researches before the world, and in its attempt to control the Massachusetts Medical Society.

At the conclusion of the address, the orator received a vote of thanks, and the society adjourned to Music Hall, where the annual dinner took place.

#### THE BANQUET IN MUSIC HALL.

In Music Hall, tables were laid for 825 persons, by J. B. Smith, caterer. The platform was occupied by the invited guests, and by Gilmore's orchestral band, led by Mr. Gilmore, which furnished exquisite music as the company came in and during the subsequent exercises. Dr. Luther Parks presided, and when all were seated, he called upon the Rev. Henry Burroughs, of Christ Church, for prayer. Nearly an hour was then spent in eating, and then Dr. Parks made the following address:

*"Gentlemen of the Massachusetts Medical Society: Now that 'Doctor Rip-um Van Winkle-um'—according to the author of the*



*one-hoss chef d'œuvre*—enjoys his annual day of vigilance, and the centripetal force of this society has wheeled its Fellows (felloes) to the Hub, your spokesman will endeavor not to tire you. Though I am no jester, I will mention that in addition to the ingesta you have *jest* introduced to your digestive organs, we have in process of gestation a few “toasts” which you may send after the pure Cochituate, or *whatever-you-ate*. But first, a word! As in the mind's eye we see before us the once familiar but now departed forms which have adorned these occasions, does not our admiring and attached recollection for the time being avert the doom that ‘the places which knew them shall know them no more?’ The lamented Gould—the man of science so profound, so widely known, and yet so unobtrusive; the wise counselor, the devoted friend—will time ever heal our bereavement? Will his place ever be filled? Who of us, when called to deal with that insidious foe which, serpent-like, steals away the breath of infancy, or with the demon that peoples the imagination with loathsome shapes—who of us but bears in mind the counsels of that Ulysses of the profession—the late John Ware? ‘The celebrated observations of Ware’ upon the latter disease (as they have been lately termed in a leading foreign quarterly), and his ‘non-perturbative’ treatment of the former, are lessons which the world outside is but just now learning. The name of Warren rises before us as identified with consummate surgical skill for more than half a century; and James Jackson is still with us in his precepts of practical wisdom. From the honors due to these and other deceased leaders, the transition is easy to some of the general services rendered in this region to medical science. We may freely accord the merit of being the center of medical literature in America to what is thus aptly termed the city of *Penn.* We can not shut our eyes to the fact that the law of gravitation has given to the great commercial metropolis of this country a cluster of diligent workers and of brilliant observers, among whom a *noblesse emigre* hails from this State. But we may claim that here, among ourselves, there have been especially cultivated those workings of *original thought* which have culminated in induction and medical philosophy. Here it is that the hidden mechanism of coxo-femoral dislocation has been dragged to light, and the scientific treatment of that formidable lesion demonstrated, generalized in practical formulæ, and made the work of a few seconds. One of our official publications—that on the relations of soil, moisture to pulmonary consumption—is a monument of labo-

rious observation, keen insight, and bold induction. Here was originated the treatment of iritis without mercury. Morbid anatomy has here received impartial interpretation, and the faithful study of a lifetime. And at our State Hospital the successes of Bozeman and Sims were long anticipated by the elder Hayward, whose operative procedures have been brought to the perfection of art by one who has laid bare the intricacies of dissection and resection. Finally, here was deduced and announced the law of self-limited diseases; and not in advance of us did Sir John Forbes proclaim the theory of nature and disease. Opportunities and advantages for scientific pursuits have been apportioned in different measure to different places. But discovery and invention seem to have been reserved by Providence for *appointment at large*, under conditions not of mere scholasticism, but of stontly developed thought combined with determined endeavor. Thus, some three centuries ago Continental Europe was ablaze with that newly awakened thought which was coined into the colossal efforts of the Reformation, intermingled as they were with the far-reaching struggles for political supremacy of Charles the Fifth. That same mental activity had just produced one of the most important of all inventions—that of printing; and was the source of those most scientific of all discoveries, one of which immortalized the *physician-astronomer*, Copernicus, while the other *should* have given the name of Columbus to this western shore. The torch of intellect, quickly borne to the British Isles, kindled there the illumination of the Elizabethan period, and aroused that long hand-to-hand contest between freedom and absolutism which lent athletic development to the muscles of the human will. It was then that Lord Bacon laid broad the foundations of later discoveries and inventions. These, in the deliberate but persistent operation characteristic of the British temperament, have indeed been comparatively slow of accomplishment, so that we have to look to the latter half of the last century for the triumphs of Arkwright and Watt. But as for England, may we not say that our profession took a prominent part in their inauguration through the discovery of the circulation by Harvey; and that they attained their zenith with Jenner's discovery at once and invention of vaccination. Those, too, were the days of lofty thought and mighty energy for the Netherlands, when, with the same spade with which she waged successful war against the ocean, she taught the military engineer to dig his way to the beleaguered fortress in his inexorable parallels; when she

invented the telescope and the microscope; when, above all, she discovered religious toleration and a free commonwealth. It may suffice to call to mind, in passing, that the sun-paintings of Daguerre and the acoustic pictures of Laennec, mark the golden period of France, when its intellectual activity had ceased to be absorbed by the wars of the First Empire, and had not been frittered away in the degeneracy of the Second. The Anglo-Saxon brain, transplanted to this country and quickened into more intense activity, has fairly strewn the land with discoveries and inventions, from the time when our modern Prometheus stole the fire of heaven, down to him who tamed the thunderbolt to be the docile messenger of mankind, or him who taught the needle to ape the lightning in its flight. Alas! gentlemen, that we should be called upon to re-assert that the most beneficent medical invention and revelation since "the primeval days of paradise" was given to the world in this city of our annual gathering, and within a stone's throw of this very spot! When, indeed, foreign plagiarism would have robbed us of this our heritage, there was not wanting a venerable and classic pen to annihilate the practical sophistry; and yet to this moment the Old World repeats its base treachery, and clings to its stolen but bedraggled plumes. We have said that the results of which we have been speaking are contingent upon a special mental vigor. A frightful experiment, which would have dazed a sluggish intellect, was the spark to fire the electric brain with the stupendous thought which, Minerva-like, leaped forth in full panoply as Surgical Anæsthesia. The discovery had its birth-place here because the New England mind, of iron mold at the outset, has, in its struggles to conquer the material difficulties of its situation, acquired the edge at once and the temper of steel; smiting with cunning blows our granite rocks until they have opened to pour forth golden streams, and compelling stores of locked-up wealth from the wintry coverings of our crystal lakes. We have claimed for this society, and this region, eminence in scientific innovation, generalization, and discovery. We may conclude our little homily with this 'improvement.' Consider your powers! Consider your responsibilities! Press forward in a spirit of generous emulation, laying aside all prejudices of town and country, in anticipation of the time when Massachusetts, from the waters of the Atlantic to the hills of Berkshire, shall be one network of cities with intervening suburbs."

After the usual gastronomic operations of the Fellows, senti-



ments, speeches, and music ended the hour. Speeches were made by the Governor, Dr. Fisk, the president of the society, President Eliot of Harvard University, the orator of the day, and many other distinguished persons. President Eliot gave in detail the new programme of the medical department of Harvard College. The medical curriculum has been changed to correspond to the academic course; the lectures, recitations, and practical exercises being more equally distributed throughout the year. Instruction in certain studies are to be given the first year, followed by an examination; and so on during the second and third years. The new plan involves a radical change in the system of medical education in this institution.

Of the many good things said and done during the two days' session of the society, space will not allow further notice at this time.

The third annual commencement of the Massachusetts College of Pharmacy was held on May 19th. There are about thirty pupils connected with the institution. The course of instruction occupies from the middle of October to the middle of April, and the graduating course requires two years for its completion. Degrees were conferred on five graduates, followed by the usual exercises and addresses incident to such occasions.

Boston has really adopted hydropathic treatment for her citizens, not that they need so much more ablution than is required in other cities. We have now seventeen free public bath-houses in full operation, where all who desire can enjoy a dip in old ocean's refreshing waters. These houses are arranged so that both sexes, as well as boys, have their distinctive apartments.

With all this outlay and convenience for cleanliness, who would seek "the waters of Abana and Pharpar," that they might be clean, rather than those of our own system of free baths?

The Massachusetts Medical Society did not send delegates to the American Medical Association this year, although three or four delegates were present from another society. This was owing to a vote passed last year by the Councilors not to do so.

B.

## Selections.

*Geographical Distribution of Diseases.*—Mr. Alfred Haviland's third lecture at St. Thomas' Hospital, London, deals with the geographical distribution of phthisis in England and Wales. His former lectures, of which we have kept our readers informed, treated of the conditions associated with a high rate of mortality from heart diseases and dropsy and from cancer, more especially as the latter malady occurs in women. In the present instance, also, the lecturer has selected the mortality among females as the basis of his argument, for two reasons: first, because the numbers (being more than half the total mortality from this cause) are sufficiently large to furnish satisfactory data; and, second, in order to draw a comparison between the geography of phthisis and that of cancer in the same sex.

As regards heart disease and dropsy, Mr. Haviland's conclusion was: "That wherever the prevailing sea-winds have uninterrupted access, as over a flat or elevated country, or up broad vales or valleys, there we found a low mortality; and that, on the contrary, in localities where the tidal wave has no access, where the rivers run at right angles to its course or to that of the prevailing winds, and where the districts are sheltered by lofty hills from the full sweep of the sea-winds, there we find the highest mortality."

A distinction is made between the force, or dynamical element, of wind, and its chemical qualities, which involve its purity or impurity; and Mr. Haviland thinks it probable "that the dynamical element is the great factor which regulates the distribution of heart disease and dropsy."

The remarkable fact is next adduced, that the maps of heart disease and of phthisis are the reverse of each other, those districts most exposed to the free sweep of the sea-winds, and enjoying comparative immunity from heart disease, being marked by a high mortality from phthisis. As regards the geological formation coincident with this high mortality from phthisis, it is found that:

1. The north-western counties, the Welsh, and the midland counties, which have the most elevated ridges of hard unproductive

carboniferous limestone, or Silurian or other older formations, have the highest mortality. Anglesey, the most exposed of all the counties, has the highest death-rate. This is the reverse of what obtains in the geographical distribution of cancer and heart disease.

2. The south-eastern counties which have a high mortality are characterized by elevated chalk-ranges and valleys, in which the oolitic, the cretaceous, and wealden clays predominate.

3. The eastern counties having high mortality are exposed in aspect to the easterly winds; and the lower lands are characterized by clays of the Eocene period, especially the London clay.

4. We, therefore, see that high, dry, chalky sites, exposed to the free access of the east winds, are accompanied by a high death-rate from phthisis; and that the same death-rate obtains in the cold, damp valleys, which these chalk ranges shelter.

The highest mortality from heart disease was found in sheltered sites; from cancer, on the border of rivers which ran through protected valleys and seasonally flooded the adjoining lands. Here, again, phthisis bears out its antithesis, and shows almost its lowest death-rate in these very districts. An apparent exception to the above rules is offered by Lincolnshire, which, notwithstanding its exposed situation, has a low mortality from phthisis. Of this anomaly Mr. Haviland suggests two explanations: first, that ague is prevalent in this part of England, and that, according to some observers, ague and consumption are seldom associated; and, second, that the greater portion of the land has been reclaimed from the sea; it being well known that many sites, although damp with sea water, enjoy a remarkably low mortality from phthisis.

The contrast between the mortality from cancer and that from phthisis—each being highest where the other is lowest—is dwelt upon as a remarkable and unexpected fact, since it has been observed by Mr. Erasmus Wilson “that in scrofulous families, one member will die of consumption; another will escape it and die of cancer; whilst a third shall not succumb to either, but be plagued with lepra.” With regard to scrofula, the lecturer remarks that with some exceptions its distribution is very similar to that of phthisis.

He fully indorses the views of Dr. Buchanan and Dr. Bowditch as to the influence of dampness of soil as an exciting cause of phthisis, and adds: “The sequence will be as follows; a damp clay soil, such as we find in the wealden and gault districts of Sussex and



Kent; a damp house, especially the kitchen; damp cupboards; damp sheets; damp clean linen; which ends generally in what is described as *catching a chill*."

The dynamical element of wind seems to exert an unfavorable influence on phthisical patients. "Whenever the prevailing wind rushes over the country in strong currents, as it does in Wales, persons having delicate lungs seem unable to withstand its effects. The wind may be pure, but it is too strong; and thus it is that, in valleys which are protected from its force, but which are supplied with abundance of its purity from above, we find a low mortality from phthisis."

Dr. Moffat's recent observations concerning the greater amount of iron in wheat grown on a red sandstone soil than in that grown on carboniferous limestone, are hinted at as bearing a possible relation to the lesser mortality from phthisis in the former situation; for while the warm, fertile ferruginous red sandstone tracts of country show the lowest death-rate from this malady, "the high elevated ridges of non-ferruginous and infertile carboniferous limestone and coal formation, and the elevated, hard, infertile, and non-ferruginous Silurian formations, form the sites of the most extensive series of high mortality districts." Finally, "a sheltered position, a warm fertile, and ferruginous soil, well drained, are coincident, as a rule throughout England and Wales, with low mortality from phthisis.

*A Substitute for the Compound Cathartic Pill.*—A writer in the *Chicago Medical Journal* suggests the following formula, which he would substitute for the ordinary compound cathartic pill: R. Aqueous extract of aloes, podophyllin, gamboge, āā gr. xxx; oil of caraway, m. vj. M. Ft. pil. no. lx. He has had the pills made up and sugar-coated in a very satisfactory manner by J. W. Ehrman, a Chicago pharmacist. The pill is small, weighing only three grains after being sugar-coated. One taken at bed-time will usually cause an evacuation from the bowels in the morning, and without occasioning either pain or nausea; but should one fail or be thought insufficient, another may then be taken.

The aqueous extract of aloes seems to contain the more cathartic principles of the drug, while it is the least irritant to the bowels, and the amount administered being so small, it does not appear to act injuriously, even in cases in which the effect of the ordinary dose of aloes is unpleasant.

*Action of Mercury on the Liver.*—In the *Edinburgh Medical Journal* for April, Dr. T. R. Frazer presents the ablest and most exhaustive paper on the action of mercury on the liver that we have ever seen. He takes up and discusses *seriatim* the various doctrines in regard to the influence of mercury on the liver, viz: "1. Mercury simply increases the flow of bile into the intestines. 2. It causes an increased formation of bile by removing abnormal conditions that interfere with the secreting function of the liver. 3. It causes an increased formation of bile by an indirect action on the liver. 4. It causes an increased formation of bile by a direct and primary action on the liver. 5. Mercury has no cholagogue action whatever." After reviewing these propositions he concludes that we are entitled to maintain the *first* as true. The second, third, and fourth propositions may be regarded as elaborations of the first, advanced to explain the obvious effects on which it is founded. But in the present state of our knowledge of pathology and physiology, it is impossible to prove that any one of these three are true. The fifth proposition maintained by Thudichum, Scott, and Bennett has not been proved by them. In their experiments various disturbing agencies were present. Lesion of nerves, absorption of bile unmodified by digestion, the presence of inflammation and suppuration in the immediate vicinity of the liver, and imperfect digestion were all present, and must have exerted a modifying influence. The most important of these was the disturbance of digestion caused by interrupting the flow of bile into the intestines. This alone would be sufficient to render inconclusive the experiments of these gentlemen.

*The Use of Alcohol.*—Dr. N. S. Davis, of Chicago, Ill. (*Chicago Med. Examiner*), in an interesting paper on the "Effect of Alcohol on the Human System," says that the subjoined propositions appear to be fully established: 1st. Numerous chemical analyses of the blood and different tissues, by different experimenters, show that when alcoholic drinks are taken the alcohol enters the blood and permeates with it every part of the body. 2d. An equally reliable series of experiments have shown that the alcohol undergoes no chemical change in the system, but is eliminated through the excretory organs, more especially the lungs and kidneys, generally within a few hours after it is taken. This position has long been disputed, but it was finally fully established by the results of the well-devised and carefully executed experiments of Lallemand,

Perrin, and Duroy. 3d. While the blood is circulating through the system, the alcohol diminishes the sensibility of the brain and nervous system in the same manner as other anæsthetics, and also retards the active changes in all the tissues; and consequently diminishes the sum total of eliminations or excretions in a given period of time. The numerous and patient experimental investigations of Prout, Sandras, and Bouchardet, Boker, Hammond, and others, have removed all doubts as to the truth of this proposition. 4th. By diminishing the atomic changes in the tissues of the body, and the sensibility of the nervous system, the alcohol by its presence also diminishes the temperature, the strength, and the power of endurance. That its presence in the system reduces the temperature was fully established by the results of a series of experiments performed by himself in 1850, some of which were repeated in 1867. These experiments consisted in testing the actual temperature of the body every half hour, with a delicately graduated thermometer, for three hours after a moderate drink of alcoholic liquor. The tests were applied to both wine and whisky. These results are confirmed by the observations of Magnus and others in Europe.

He is compelled to designate alcoholic drinks as anæsthetic and sedative—anæsthetic to the nervous system, and sedative to the properties of the tissues. As such they are capable of being used to fill a limited number of indications in the treatment of diseases. And yet there are other well-known agents in the *materia medica* that will meet the same indications equally well, or even better. So true does he deem this assertion, that for twenty years he has not prescribed for internal use the amount of one pint of alcoholic drinks annually, including both hospital and private practice.

*New Remedies.*—We have just received the prospectus of a new journal to be entitled *New Remedies*. It is to be a quarterly journal devoted to a retrospect of therapeutics, pharmacy and allied subjects, and is to be edited by H. C. Wood, Jr., M. D., and published by Wm. Wood & Co., of N. Y. From the high standing of both editor and publishers we shall expect a work of unusual merit.



## Editorial.

*Death's Visit—Prof. Foote and Prof. Blackman.*—Death has been exceedingly busy in the professional ranks of our city during the present year. A few months ago we had to chronicle Carroll and Taliaferro; both venerable and ripe in years and labors. This month we have to record the deaths of Foote and Blackman, occurring just one week apart. July 12th, Prof. Henry E. Foote died, after a long and painful illness, running through a period of many years. He was a clear, thoughtful, and safe surgeon; and yet so modest that comparatively few knew the bold operations he had performed successfully. He was a remarkably accurate and instructive teacher. As a Christian man, most emphatically may it be said of him,

“None knew him but to love him.”

The profession of this city, as well as his colleagues in the Miami College, feel keenly the loss of this brother—a personal loss as well as a serious break in our professional ranks. This sentiment has been expressed in formal resolutions of respect adopted by these several bodies at their meetings. We forbear further editorial comment, because, in another part of our journal, a friend has furnished a regular memorial notice.

July 19th, Prof. George C. Blackman died. His illness was also somewhat protracted; a general breaking down of the system with organic disease of the liver. His death had been anticipated for some time, but did not any the less shock the community. We print in another place a very good notice of his life which appeared in the *Commercial* of this city.

Prof. Blackman excelled as an operator, and scarcely any of the capital operations but he has performed frequently. We know of no one so completely familiar with the literature of surgery—no one who could so rapidly appropriate all that might be of any value in a new work. He was also himself a copious contributor to the current surgical literature of the day, and his papers have always been eagerly sought for. The *Western Lancet*—while he was its editor—subsequently the *Lancet and Observer*, the *Western Journal*, the *American Journal*, and other journals of the time, have

severally been greatly enriched by his ripe contributions. We might say much more and not exceed the bounds of propriety; but as has already been said by one of his former colleagues, "his professional fame is well assured." He died while yet in his mature prime, and, in the ordinary course of events, should have been spared to the profession for yet many a year of usefulness; but "honors and attainments could not retard the coming of death."

The vacancy in the faculty of the Medical College of Ohio is filled by the election of Dr. W. W. Dawson; certainly the best selection our neighbors could have made.

*The New York State Lunatic Asylum.*—We recur to the annual report of this well-conducted institution with a great deal of interest. During the year ending December 1, 1870, there were under treatment in the asylum 1,084 patients. There were 153 recoveries and 72 improved. The percentage of recoveries was 31.80.

We have had occasion to watch the intelligent management of Dr. Gray, and have read his present report with much pleasure. It varies agreeably from the routine statistics of similar reports, and we have at last a real contribution to the literature of insanity that may be read with satisfaction and be available for information.

It is the duty of Dr. Hun, one of the assistant physicians, to conduct a systematic series of pathological and microscopical investigations. The results of these inquiries are given to some extent in the present report. The peculiar characteristics of a number of groups of patients are given, together with autopsies in detail in the event of death. Tabulated accounts of the urinary analyses are regularly kept, and Dr. Hun's report to the superintendent is included. All of this of course means work; but it means something more in the future, and must materially increase the extent of our curative knowledge.

There is one thing worthy of note. This Utica Asylum has four assistant physicians; with nearly the same number of patients, the Longview Asylum only has, at present, two assistants to the superintendent.

*Was it Safe?*—A correspondent writes: "A lady slightly indisposed with rheumatism had the following directed for her by her physician:

"R. Tinct. Aconite, fʒi ss.

Fl. Ext. Blk. Cohosh.

Fl. Ext. Gelseminum, aa ʒi.

"M. Sig. To take  $\frac{2}{3}$  of a teaspoonful every 2 or 3 hours.

"The first dose produced unpleasant feelings; the second was followed by very alarming symptoms and death in a few hours." Our friend wishes to know if such doses were necessarily dangerous.

The dose of tincture of aconite in the above formula is quite safe; we frequently give it in similar doses. When intensified, however, with the fl. ext. gelseminum as additional sedative, we are not so certain. Five to twenty drops of the *tincture* of yellow jessamine is safe. The fluid extract is certainly double the strength, though we have not used it enough to be familiar with it. Take it altogether, even if carefully prepared and correctly administered, the above doses are unsafe.

*Microscopy*.—Dr. George E. Jones.—We are pleased to know that some of our industrious gentlemen will give private instructions next winter in special departments. We understand Dr. G. E. Jones will take a class for private instruction in the use of the microscope, to which he has been devoted many years. We hope in due time to announce other private courses.

*Payments*.—In reply to *bills* sent out last month we acknowledge a generous response, but still there is room. We take pleasure in making corrections in a very few instances where mistakes have been called to our attention. We desire to be notified whenever we fail to forward receipts. Send by P. O. so far as possible.

*Correction*.—In the last number of this journal, page 421, in remarks of Dr. Ludlow before the Academy of Medicine, that gentleman is made to say: "Dr. Williams *refused* to operate," etc. It should read "*proposed* to operate," etc., which materially changes the sentiment.

*The Pharmacutists* of our city are becoming more and more elegant in their notions of fitness of fittings. It is not long since a really tasty drug store was rather the exception in our town; almost anything being thought good enough in which to put up drugs. When the beautiful store of Suire & Co. was finished it was thought to be marvelously extravagant. Now all over the



city, stores are established which are models of taste and convenience. One of the most convenient of the new stores for the whole range of pharmaceutical work is that of Dr. Unzicker, corner of Everett and Freeman. As a gem of good taste in a small compass, we have not lately seen anything excel a new store just fitted up on the corner of Fifth and Vine, and occupied by Franke & Ayers. If any of our friends in the country propose to refit, we advise them to visit these stores and take hints.

*A Memorial Fund for Dr. Blackman's Family.*—We have received a letter from a gentleman who was at one time associated with Prof. Blackman, and knew him well. It pays an eloquent tribute to his surgical character and capacity, and proposes that "the friends, admirers, and pupils of Blackman, in testimony to his great abilities, achievements, and renown, and in sympathy for his family, for which he had not made adequate provision, contribute to a fund, given to that family—not as a charitable but a just act." In case such action is had, he instructs us to put his name down for \$50.

*Literary Exchanges.*—The following superb exchanges are regularly received and duly appreciated:

*Harper's Monthly Magazine* is so universally known and read that it needs no comment. For variety and excellence it is surely without an equal for family reading. It is now in the midst of its xliii. vol. Price \$4 a year. The current story of the American Baron is worth the cost one year.

The *Ladies' Repository* is a religious, literary magazine, published under the auspices of the Methodist Church. Safe, healthy, pure. Edited by Rev. Dr. Wiley. Price \$3.50.

*Godey's Lady's Book* is another of the necessities of light letters; a magazine which has so successfully weathered the storms of more than forty years and has passed beyond criticism. When shall we see another Godey? Price \$3 a year.

The *Atlantic Monthly* for mature reading, the *Young Folks* for youth, and *Every Saturday* for weekly and illustrated food, are severally furnished by Osgood & Co. of Boston. Price \$4, \$2, and \$5. It would be difficult to spend that amount and receive a larger return.

*Opium-Smoke in Tetanus.*—Dr. Charles Shrimpton, of China, in a letter addressed to the *Gazette Médicale*, recommends the use of opium-smoke as a very effective remedy in tetanus. The treatment consists in the inhalation of opium-smoke. The patient smokes, through a pipe, a composition of four or five grains of crude opium mixed with tea or rose-leaves, and with a small quantity of molasses. While smoking, the patient must inhale the fumes deeply, and continue until the desired effect is produced. The narcotic influence generally lasts three or four hours, and the operation is repeated as often as the tetanic symptoms re-appear—that is, about twenty days. The patient must be well fed during the intermission of the narcotism.

*Spencer Wells on Anæsthetics.*—In a communication to the *Lancet*, T. Spencer Wells states that he has employed chloromethyl, or bichloride of methylene, in about 80 cases of ovariectomy, and in more than 75 other severe operations. In some cases insensibility was maintained from forty-five minutes to an hour, or more, and yet he has never felt the least uneasiness during the administration of the anæsthetic. Subsequent vomiting has been found to be the exception, while with chloroform it has been the rule. He had employed chloromethyl in thirty-two successive cases of ovariectomy in private practice, without a single death. In some cases less than two drachms were used, and very rarely more than six drachms. Mr. Wells has now performed ovariectomy in 417 cases.

*Artificial Legs and Arms.*—For many years our readers have noted the card of Dr. Bly, engaged in the manufacture of artificial limbs. We take pleasure in calling attention to the fact that Mr. C. M. Evans has purchased the Cincinnati office of Dr. Bly, and will continue the business at the old place, 152 West Fourth street. Those interested will govern themselves accordingly.

*Oppolzer's Successor.*—The vacancy caused in the University of Vienna by the death of Oppolzer has been filled by the election to his chair of Prof. Bamberger, of Würzburg, who will begin his lectures in the autumn.

## Reviews and Notices.

*General Surgica' Pathology and Therapeutics.* By Dr. THEODORE BILLROTH, Professor of Surgery in Vienna.

The book before us is a translation, by Dr. Hackley, of New York, from the fourth edition of Prof. Billroth's lectures. That it is a valuable acquisition to our professional literature will hardly be questioned by any one who has even cursorily examined it. The scope of the work is hardly indicated by its title, as it really embraces the consideration of questions other than those of pathology and therapeutics. An English or American author would probably have named such a book the Principles of Surgery; and, indeed, it may be regarded as very well fitted to take the place of that old favorite of twenty years ago, Miller's Principles. Although less elaborate in detail, and complete in classification than the classical lectures of Mr. Paget, it has the advantage of being more fully up with the discoveries and views of the observers of the present day, particularly the Continental pathologists; and as Prof. Billroth himself has attained to eminence in the departments of Pathology and Histology, we hence find, as we should naturally expect, the nature of and the structural changes attending diseased and reparative actions minutely and carefully described. He takes the views, in the main, of Cohnheim and others of his countrymen who have been recently upsetting what ten years ago were regarded as entirely satisfactory theories on the all-important subject of inflammation. His adhesion to the views of Cohnheim is manifest in the following language, which he uses after mention of that observer's experiments and deductions: "*At an irritated point, white blood corpuscles wander from the vessels into the tissue; these white blood corpuscles constitute the inflammatory cellular infiltration.*" And again: "*We are driven to the supposition, that all young cells which in inflammation we find abnormally in the tissue, are wandering white blood cells.*" After remarking on the liability to error in the interpretation of such observations as he has been speaking of, he adds forcibly his own opinion, in the following language: "My own view, subject to future observations, is as follows: The first change that we see in irritated living tissue is a dilatation of the vessels; the immediate result of this is retardation of the flow of



blood, increased transudation, and a collection of white blood cells in the periphery of the caliber of the vessels; the wall of the vessel gradually grows softer, possibly from the long contact with the white blood cells, which gradually enter and finally pass through the wall. Retardation of the circulation and softening of the wall of the vessel appear to me the necessary requirements for the extensive wandering of the cells. Whence come the quantities of white blood cells that escape during inflammation, is a physiological question, and must be answered by the physiologist." The last sentence, it must be admitted, being a confession of the author's inability to supply so important a link in the chain of phenomena which constitute inflammation, leaves the question still open, for he does not offer a theory even that is complete. In his description of the healing of wounds, by first intention the "wandering cells" are made to play an important part, becoming, as he states, "fixed connective tissue cells," and forming the material of union.

The different forms of injuries are very thoroughly treated of, as they occur in the soft parts, bony tissues, and joints. There is next a chapter on gun-shot wounds, followed by one on burns and frost bites. The inflammatory diseases are divided into acute and chronic, and described as they affect the soft parts, bones, joints, etc. Gangrene and ulcers have each a chapter devoted to them. Deformities and varices and aneurisms take up two chapters; and finally, chapter twenty, containing the last seven of the fifty lectures, is occupied with the subject of tumors.

Though pathology is the subject most prominent in this book, yet that of therapeutics is by no means neglected. And, in our humble judgment, as far as our examination of the work has extended, the treatment generally recommended is sound and rational. The instructions for the dressing and management of wounds may be particularly mentioned as excellent. Indeed, the simplicity of the practice inculcated by the Viennese professor seems to be more in accordance with that of British or American surgeons than with that of the Continental schools; and, furthermore, in the book under notice, we don't find any mention of such fanciful ideas as performing operations in "a cloud of carbolic spray," "immersing the hands and instruments in a carbolic acid solution," etc.

Not the least meritorious feature of the book is the clear language into which the author's teachings have been rendered—the translator having very successfully avoided the extended and awkward sentences so apt to appear in translations from the German.

T. H. K.

## Obituary.

*Dr. George C. Blackman*, the distinguished Professor of Surgery in the Medical College of Ohio, died at his residence in Avondale, at 10 o'clock, Wednesday night, July 19. His death was caused by dropsy from disease of the liver.

The community in which he has resided for some years, and in which some of his greatest surgical achievements have been performed, need hardly be told that a great light in the medical profession has been extinguished. Few physicians or surgeons in our country have ever attained to his renown at home and abroad.

Dr. Blackman's career is another illustration of the success to which a man may attain by his own efforts and without the aid of fortune or influential friends.

Born of rather obscure parentage, in the State of Connecticut, he received an ordinary school education, subsequently obtaining some classical instruction from the Rev. Dr. Hewitt, of New Haven. He commenced his medical studies without means, and, after a series of almost unheard-of privations, he graduated at the University of New York.

Notwithstanding failing health, supposed to be advanced in consumption, and poor, he pursued his career with unabated ardor. Procuring a situation on a packet ship, he sailed for Liverpool as surgeon, made his way to London, and entered with extraordinary zest upon his surgical studies in that metropolis. The slender means which he was able to save from his salary as surgeon was soon exhausted, and it is narrated of him that he lay in bed to keep himself warm, reading all day long, and often wandered about the streets of London without the means to buy himself a single meal. In one of these stages of impecuniosity, when almost despairing, an entire day without food, he met by chance an American acquaintance, who, without knowing his condition, generously invited him to dinner. The store which he took in on this occasion is said to have sufficed for several days.

During his stay in London he made the acquaintance of many of the most distinguished English surgeons, who saw in this American youth a genius whom no difficulties could daunt, and whose

abilities and attainments warranted the very highest expectations of his future professional career. Appearing before one of the learned societies of Great Britain in a paper of great merit, he was accorded an honor granted to very few foreigners, and was elected a member of the Medico-Chirurgical Society, an honor, we believe, shared by but one other surgeon of the United States.

His ill-health continuing, he was necessitated to spend much time on the sea, serving in the capacity of surgeon to various emigrant ships. During these voyages he was by no means idle, but wrote some of his most important contributions to surgical science; translated and edited Vidal's treatise on venereal diseases, and reviewed in a manner at once learned and trenchant the surgical works of the day.

On his return he practiced but a while at a town on the Hudson, where he gained a great deal of surgical reputation by the performance of numerous surgical operations, always with characteristic boldness and skill.

At this early period in his career he enjoyed the personal friendship of Mott, Parker, Gross, and other eminent surgeons, and at Mott's request he edited the latter's edition of Velpeau's Surgery, his notes and comments in this work illustrating his remarkable acquirements in surgical literature.

But that point in Dr. Blackman's career with which we are most interested, as citizens of Cincinnati, is his entrance upon the Professorship of Surgery in the Medical College of Ohio, in 1854. He came here by invitation of the trustees and faculty of this institution, with the recommendations of the most eminent men in surgery in this country, and backed by an acknowledged skill in operative surgery and a varied and profound knowledge of surgical literature. Then began that remarkable succession of surgical triumphs which has continued almost up to the hour of his death. Hardly are there any great operations in surgery which he has not only performed, but many times. During a part of his residence here, he was the editor of the leading medical journal of the city, and was a frequent contributor to various medical periodicals of the United States. There was no subject upon which he wrote which he did not improve; especially did he vindicate the honor of American surgery on all occasions, and wrested from foreign pretenders claims to priority which justly belonged to American surgeons.

It may be proper that we should say something of those more



positive claims of which Dr. Blackman has to be regarded as a leader in his field. As an operator he was remarkable alike for dexterity and boldness. No difficulties of a case could daunt him. It is true that he was not always scrupulous in his selection of cases for operation, and that he did not always give to them subsequently that careful attention which they may have demanded, but as an operator, pure and simple, he was unsurpassed at home or abroad. He was at home in the surgical amphitheater, surrounded by a sympathetic audience of physicians and students. With an important case, in the presence of an audience, all his great qualities as a surgeon came out.

Dr. Blackman held, from the beginning of his career here, the Professorship of Surgery in the Medical College of Ohio. Notwithstanding his great power as a lecturer, and the enthusiasm he brought to bear upon the subject of his cause, it was with great difficulty that he could be induced to deliver his regular lectures, his tastes being in the line of operative surgery and the brilliant display of a hospital amphitheater. He frequently pleaded illness as an excuse for non-appearance at his lecture hour, and he would occasionally thrust in any peripatetic medical man or surgeon to fill the place which he himself should have occupied.

He was surgeon to the Commercial, now Cincinnati Hospital, until recently, when he was displaced, because, being a professor in the Medical College of Ohio, he could not continue, under a rule lately passed by the board, without sacrificing his professorial position.

Notwithstanding the difficulty with which he could be induced to lecture, he would not resign his place in the Medical College of Ohio, with which his reputation was so largely identified.

Dr. Blackman was also surgeon to the Good Samaritan Hospital, and a large part of the success of that institution is due to his brilliant surgical reputation.

When the war broke out, he entered the military service as surgeon of volunteers, served in Kentucky, under Nelson, and was also present at the bloody fields of Shiloh and Pittsburg Landing. Subsequently, on the staff of General McClellan, he was present in many of the great battles of the Wilderness, where his surgical skill found full scope.

We should not complete this imperfect and hastily-gathered account without some reference to his personal characteristics. He

was a man of fine presence, and had that air of resolution and self-assertion characteristic of the surgeon.

Unfortunately he possessed many infirmities of disposition. He was well known to be contentious, and in his association with his colleagues often dictatorial and overbearing; and yet, when he chose to be so, he was a most genial companion. A man not without faults, but a genius. He did honor not only to the city of his adoption, but to the country of his birth, and will leave a name among men which will not quickly die out.

The college with which he was so long identified, the Medical College of Ohio, will find it difficult to supply his place.—*Commercial*.

*Prof. H. E. Foote*, of this city, died July 12th, in the forty-seventh year of his age.

Prof. Foote was the son of John P. Foote, Esq., an old, well-known, and very highly respected resident of this city. Prof. F. was born June 29, 1825; studied his profession with his brother-in-law, Prof. John T. Shotwell, and graduated in the Medical College of Ohio in the spring of 1847, after which he was appointed one of the resident physicians of the Commercial Hospital. During his residence in that institution he received the appointment of assistant surgeon of one of the Ohio regiments in the war with Mexico. In this service he contracted typhoid fever and diarrhea as a sequela, which became somewhat chronic. On his return his health improved; he practiced his profession, and was appointed in 1853 Professor of Chemistry in the Miami Medical College, which position he filled satisfactorily until the union of the Miami with the Medical College of Ohio in 1857, when he continued to occupy the same chair in the latter institution until he resigned in 1860. Soon after this, the unfortunate rebellion occurred, and ever ready to serve his country, he was appointed and accepted the position of surgeon to the Thirteenth Missouri regiment, under Colonel C. J. Wright. This regiment was, after some severe service, known as the Twenty-second Ohio. In this capacity he served for three years, and during the entire continuance of the regiment, with great credit. In this service his health became greatly impaired, and he left it with a chronic dysentery, from which he never recovered. This disease continued to make inroads upon his health, with intervals of hope, until he sank under it, thus adding another victim to the war for the Union. On

his return from the army, the Miami Medical College was reorganized, and he was appointed to the chair of Anatomy, which he filled with great satisfaction to the faculty and class; but his feeble health caused his transfer to the chair of the Principles of Surgery and Special Pathology, the duties of which were less arduous. His gradual failure of health rendered it difficult to attend to his private practice, and especially to night business. About eighteen months ago he accepted the position of assistant physician to Longview Asylum, hoping the more regular indoor duties might permit him to practice his profession and regain his health. In this he was disappointed, and continued to grow more and more feeble until his chronic disease obtained the mastery, and he sank on the 12th day of July.

He was married in May, 1851, to Miss Louise Agniel, an estimable lady, who devoted herself with great assiduity to him during his declining health. Prof. Foote was a man of most excellent traits of character. Exceedingly amiable and devoted to his friends, he was beloved by all who knew him. As a teacher of chemistry, anatomy, and surgery, he was clear and exhaustive of his subjects, without parade or ostentation. He performed some very difficult and important operations, of which tying both carotid arteries for an aneurismal tumor of the orbit successfully was an important one. His excessive modesty prevented his reporting this operation even to the profession. His unobtrusiveness was a fault in his character, and prevented a notoriety and professional reputation commensurate with his merits. His intimate friends only knew how properly to estimate him. His opinion was always considered by them of great value. It is to be hoped that something more than this hasty notice will be prepared for the profession.

M.

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*Diagnostication of Bright's Disease.*—At a recent meeting of the Suffolk District Medical Society (*Boston Med. and Surg. Journal*), Dr. H. W. Williams referred to four cases, occurring lately, in which he had diagnosticated Bright's disease of the kidneys by the characteristic changes in the retina, as discovered by the ophthalmoscope. Dr. Williams did not regard the degeneration of the retina as especially belonging to the early stages of the disease, yet it was not infrequently the first symptom discovered.



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Original Communications.

*Art. I.—Two Cases of Re-Adjustment of the Internal Rectus.*

By Prof. W. W. SEELY, of the Medical College of Ohio.

Operations for the relief of strabismus, based upon the old and imperfect knowledge of the anatomy of the relations of the muscles to the eye-ball, were not unfrequently followed by "the eye going the other way," hence, for the relief of this state of things, as well also for relief of the graver cases of strabismus paralyticus, the operation for re-adjustment has been instituted. I propose briefly to report this operation as applied by myself for the relief of two cases of external squint, resulting from a faulty operation for internal squint. Probably a few words upon the anatomy of the parts may not be out of place. The eye-ball does not rest free in the bony cavity of the orbit with the muscles attached, but we find an ocular sheath commencing at the optic foramen, and embracing the optic nerve loosely, gradually expanding and passing into the eye-ball, and thus inclosing up the insertions of the straight

muscles. Of course the connections between this ocular sheath and the sclerotic are very loose, so as to permit free movements of the inclosed globe. This sheath is perforated by six openings, which allow the six ocular muscles to pass (as they all have their origin without), and to attach themselves upon the sclerotic. The two oblique muscles having their fixed points, the superior virtually, and the inferior actually, at, respectively, the upper and inner, and lower and inner angles of the orbit, pass back over the globe, and perforate the sheath about the equator, the superior to be inserted into the upper and outer quadrant, and the inferior into the lower and outer quadrant. A little more anteriorly than the equator, the four recti perforate the sheath, and pass forward to be inserted into the sclerotic, near the sclero-corneal junction. Dividing this sheath into two parts, a clear understanding may be had of the so-called capsules of Bonnet and Tenon, for the part posterior to the passage of the tendons has been termed the capsule of Bonnet, and that portion from the passage of the tendons to its insertion into the sclerotic, near the cornea, the capsule of Tenon. After this capsule is pierced by the muscles, it becomes blended with them finally, nearer the sclero-corneal junction, and connected with them at the points of perforation by processes sent forth from it. Now, these processes have been regarded of the highest importance in the operation for strabismus, as they prevent too great retraction of the tendon after it has been divided, and consequent loss of power. Graefe has insisted upon the division of the tendon close to its insertion, so that these processes shall not be divided or injured in any way; and has also called attention to the fact that even where the tendon has been divided anterior to these fibers, the sheath of the tendon may become thickened from the entrance into the capsule up to its insertion, and consequently an unfavorable result follow.

In the July and August ('67) numbers of the *Western Journal of Medicine*, I have given in detail some new views upon the anatomy, and based on them an operation for squint by Dr. Liebreich, of Paris. The point in which he differs from what I have just given on the anatomy is, the absence of any capsule on the tendon after it perforates the sheath, being free from this point till near its insertion in the sclerotic, where tendon and sheath become blended.

[For a complete account of Dr. Liebreich's anatomy and operation, I refer the reader to the numbers of the above journal.]

Now, from this exposé of the anatomy, it will readily be seen that, without care, or from want of knowledge, as in former times, the muscle may be divided too far back, even as has probably been done, posterior to its passage through the capsule, and consequently rendered powerless. From this fact and the increasing preponderance of the external muscle, the ball is drawn outward, and an external squint produced. I have had an opportunity of practicing the operation for restitution in two of these unfortunate cases. There have been three methods proposed, respectively, by Graefe, Critchett, and Liebreich, for re-adjustment. The one devised by Graefe, and used in cases of squint after paralysis of the opponent muscle, and applicable of course to the cases in question, given as correctly as possible, is as follows: The lids are kept open, as usual, by the wire speculum, and the internal rectus is dissected up from its new attachment, separating it well, and also severing its connection carefully from the superficial portion of the muscle, so extending the incisions of the capsule on each side of the muscle that the free end of the tendon can be brought up to or even beyond the edge of the cornea. Next, an incision is made over the external rectus, and the squint hook passed beneath its tendon, and then two threads are to be passed with needles, one from without inward through the lower portion of the tendon, the other through the upper portion. The tendon is now divided behind the threads and in front of the hook, thus leaving the threads in the stump of the divided tendon.

Now, in order to retain the free end of the internal tendon in its now position, as near the cornea as possible, of course the eye must be turned inward as far as possible, and be kept in this position until the tendon has reunited in this new position. In order to bring about this rotation inward and fix the ball in this position, the threads which have been passed through the stump of the external tendon are fastened firmly to the bridge of the nose, either by strips of adhesive plaster or by passing them through the skin.

In order to maintain perfect immobility of both eyes, Wells recommends bandaging up the healthy eye. Cold water dressings are to be constantly applied to the operated eye, and the threads should left about twenty-four hours.

This operation for re-adjustment I saw practiced by Graefe with good success. It will readily be seen that the operation is no trifling one. The operation as devised and practiced by Liebreich



for re-adjustment, I simply copy from his communication to Dr. Wells, and published by him in his work. (See also Vol. I, No. 1, Knapp & Moss' Arch.)

It will be readily understood, if any one will take the pains to acquaint himself with the anatomy of the parts as given by him and his operation for squint. After having made a broad vertical incision in the region of the insertion of the muscle, or still better, slightly behind it, he carefully dissects the conjunctiva from the subjacent parts, not only toward the periphery, but also close up to the cornea. Next, he divides the tendon and prolongs the incision in the capsule of Tenon upward and downward. The muscle and the portion of capsule pertaining to it having been thus rendered freely movable, he next passes at least two sutures (the thread carrying a needle at each end) through the conjunctiva, close to the edge of the cornea, and through the conjointly-seized edge of the tendon and capsule of Tenon. In tying these sutures, both the muscle and the capsule of Tenon are brought up quite close to the margin of the cornea, and retained in this position, remaining, however, covered by conjunctiva.

The wound in the conjunctiva is to be closed by the common sutures. In my two cases of re-adjustment I followed the plan devised and practiced by Mr. Critchett. I first dissected up all the parts covering the sclerotic, which of course embraced the conjunctiva, the uniting fascia, old cicatrix, and muscle. Then, as the next step, made a tenotomy of the external rectus in the usual manner.

After excising a portion of the conjunctiva of the internal flap, I passed sutures through it and stitched it to the conjunctiva that remained at the edge of the cornea. In this way, after the shortening of the flap, by cutting away a portion of the conjunctiva, the entire muscle is brought forward and a new attachment is formed. By this method, of course, the regulation of the effect to be produced consists in the amount of conjunctiva incised.

The difficulty in such operations is maintaining the tendon in its new position; but certainly the results, if this difficulty is overcome, reward both patient and operator.

**Art. II.—Remarks on the Removal and Treatment of Epithelioma.**

By H. AMDELL JULER, M. D., Covington, Ky., Member of the Royal College Surgeons, Ireland.

Frank K., æt 72, a feeble man, of short statue and spare frame of body, came under treatment by the advice of his family physician, June 8, 1871, complaining of a painful, ulcerated condition of the lower lip, attended by considerable swelling and rubefaction of the adjacent parts.

He states that two winters ago he first observed a dry scab forming upon the center of the lower lip. In the month of May following, the surface upon which the scabs formed became ulcerated and extremely painful. He sought medical assistance; a solution of iron as well as "burning stuffs" were applied, which served only to aggravate his sufferings.

He was informed by several surgeons of Philadelphia, whom he consulted, that the disease affecting his lip was a cancer, and its removal was strongly advised by them. He could not attribute its appearance to any known predisposing or exciting cause. He had indulged in a cigar occasionally, but had never smoked a pipe. His life had been tranquil, while his health had been unusually good. With the loss of his wife, which was a great trial to him, his strength commenced failing, his mind became cloudy, articulation less distinct, and his hearing defective. There was no history of cancer in the family save that his daughter died with that disease in the womb.

Upon removing a wrapper from his face his countenance exhibited a worn, anxious expression; his eyes assumed a staring, inquiring look; the cheeks, as well as the nose, were flushed and swollen, being traversed by enlarged veins, filled with dark blue blood.

The cancer upon his lip, which was of the epithelial variety, presented an ulcerated surface of an irregular shape, coarsely granulated, and discharging an offensive sanguineo-purulent fluid. It was very painful. He complained of having chills and fever at night, with accompanying diarrhœa. The blood coursed sluggishly along the radial artery, meeting with but slight resistance from the contractile coat of the vessel, the pulse being slow and intermittent.

It was evident that our patient was in a condition of trophic

nervous debility. Before any surgical interference could be had recourse to, the *vis nervosa*, which was defectively evolved from the morbid nerve centers, had to be brought under consideration, for while one saw by the paresis of the sympathetic, that the arteries and capillaries had partly lost their contractility and retentiveness, we also observed that the nutrition of tissues and functions of organs rendered it probable that had one operated without re-energizing the nervous system, thus removing the morbid condition of the trophic nerves, the operation might prove to be the exciting cause to the development of other diseases, to which he might be predisposed.

The treatment, therefore, resolved itself into local and general; poultices made of freshly culled clover blossoms were applied over the lower portion of the face, to lessen irritation by its soothing properties, and small doses of quinine with valerianate of zinc, were administered three times a day, subsequently substituting the twelfth of a grain of brucia, for the valerianate of zinc, supplying him, in the meantime, with a generous diet corresponding to his power to assimilate the same. Under this treatment the painful hyperæsthetic condition of the wound subsided, the nerves recovered their tone and accompanying the capillary blood vessels by their peripheral filaments—the nervous system being “everywhere built upon blood vessels and blood-current”—his general condition became improved, the swelling, as well as the redness about his head, subsided, the facial veins diminished in caliber, while his mind became active and his manner sprightly. When an operation was first proposed to him, he was strongly averse to submitting to it, his mind being depressed by terrible apprehensions. Consequently carbolic acid in its pure form was occasionally smeared over the ulcer, followed by the application of fresh poultices, with the happiest results; not, however, getting rid of the hardened base, which was due perhaps to exudation in the tissues. His courage, however, increased with returning health. When assured that his general condition was now favorable to an operation, he became desirous that it should be performed at once.

Therefore, upon the 3d of July, while kept under the combined influence of chloroform and ether, ably administered by my pupil, Mr. W. Knight, the ulcer, with its hardened base, was excised by a V shaped incision, the edges of the wound were ap-



proximated in the usual manner with silver pins and silk thread. Collodion being irritating to the skin, causing great pain by its constrictive action, was not applied. He was directed to avoid solid food as well as much speaking.

July 4. He was free from pain and had rested well.

July 5. The approximated edges of the wound appeared to be firmly united; the patient's appetite and spirits much improved.

July 6. As there was some irritation, attended by a discharge of fluid from the lower part of the wound, the patient felt depressed. Richardson's nervous atmosphere (?) had some how become fuddled. One had to speak louder to make him hear, the pins were removed (the third day) and the cicatrix cleansed.

July 10. The patient sleeps, eats, and defecates healthily. The upper part of the wound is firmly united, but below, the edges remained separated. The salivary fistula thus occasioned awakened his uneasiness by giving exit to drops of saliva, whenever the orbicular muscle was brought into action. The sides of the fistula being smeared with carbolic acid, its edges were brought into adaptation by aluminum wire.

July 12. The carbolic acid was again applied.

July 17. The fistula being closed, the wire was removed.

July 18. The blood vessels of the face have assumed their normal size his countenance is lighted up by the restoration to health; his mouth has obtained a better physiognomical character, and all being well he was dismissed cured.

August 5. Continues well.

The great consummation that all surgeons seek to accomplish, is the healing of wounds. By the first intention to insure this, the liquor sanguinis, which is the agglutinating element, must be healthy. This can not be the case unless the digestive organs are well supplied by nervous energy to perform their proper functions. Our primary object, then, when a patient presents himself for operation to remove a disease whose predisposing incitant was nervous innervation, is to relieve the anxiety as well as the depression of the mind which have a baneful influence, through the vaso-motor nerves, upon the secerning organs, giving rise to dyspepsia, constipation, and to blood almost deprived of its plastic elements. In fulfilling this indication, medicines are often of less importance to the patient than that *magnetism vibrante et subtile*, which the sufferer recognizes in the physician, who is truthful, hopeful, and

earnest in his communications with him, but still medicines are necessary.

Spirit drinking, in moderation, may be advised in exceptional cases when the patient has been accustomed to its imbibition, or where the morbid nervous condition has a deadening effect upon the system generally; but then it is only to be recommended as a means to an end—to arouse the digestive powers—to assimilate the nutritious food taken into the stomach. Unless the nervous system is previously placed in good working order, the removal of a local evidence of a general diathesis is of little credit to the surgeon or avail to the patient.

“Tropical nervous debility is a condition which not only induces disease, but predisposes organs and tissues everywhere to suffer from causes of disease which would otherwise be harmless as the attacks of inflammation from cold of organs imperfectly innervated.” This is well illustrated in the following case:

Thomas S., æt. 35; Welshman; of short, stout build; workman in the rolling-mill, residing in Covington, Ky. By the advice of his medical man placed himself under my treatment November 5, 1870, suffering from epithelioma of the penis.

He states that his health has always been good. In youth, however, he had the scurvy, his feet often becoming too large for his shoes. He came to the United States at the age of seventeen, and at once settled down to work. His penis was of ordinary size, the gland being covered by the foreskin. Soon after he arrived in America, he contracted the ladies' fever (gonorrhea).

He has now been married fourteen years, has had six children, only one being alive, a pale, delicate girl eight years of age.

About two years ago a small wart, irritable and bleeding, appeared on the outside of the foreskin below the head of the penis. This “breaking out” spread, involving the upper half of the organ. Six months ago the glands in the groins appeared enlarged; the tumor upon the yard became hard, heavy, and more painful. Lotions, as well as caustics, were applied locally, but he thought they only made matters worse. Weighing one hundred and forty pounds when in health, he had now wasted down to ninety-six pounds in weight.

When he came under notice his countenance presented the same dull, weary, anxious expression as observed in the previous case. The skin, generally, was of a tawny color, while the temperature of the body was below its normal range. He had no mind to at-

tend to the many minor ailments, that combining gave rise to a state of general malacia, but all his complainings were connected with his local disorder. The penis was swollen and flattened to the size of a large orange denuded of the skin; it presented a raw, nodulated discharging surface, exhaling a nauseating odor. The glands above Poupart's ligaments were of the size of walnuts, bulging under a red inflamed derma coursed by enlarged veins. The pain which was wearing him away was of a dull aching character, but at times feeling like a knife striking him. Usually the pain was more worrying to him than severe in its intensity. The little ray of hope held out to him was but a very small streak of promise, emerging from the horizon of his sufferings, yet comforted by the knowledge that he had an additional medical man familiar with his sufferings and acquainted with his griefs, laboring in his behalf, revived the expiring flame in his lamp of life. He became more cheerful and applied himself to the treatment of his own case as directed. Each alternate morning the pure carbolic acid was freely applied over the tumor, imparting a white coating to the surface. This was followed by the application of poultices made of hops and meal, or freshly gathered clover blossoms. While this local treatment was pursued, he was directed to take ten drops of De Valangin's solution three times during the day, as well as a pill composed of two grains of sulphate of zinc, with one grain of opium at bed-time, with the view of soothing and strengthening the disturbed nervous system.

During the nineteen days he was under my treatment, his pulse, as well as his general appearance, indicated returning strength; he rested better at night; his appetite improved; the animal functions were more regularly performed; the epithelioma became reduced to half its former size; while the soothing applications to the genital organs had considerably diminished the enlargement of the groinal glands. Suspecting some syphilitic taint, the iodide of ammonium was given, while the use of De Valangin's solution was suspended, and all non-nutritious inješta were inhibited. Under this beneficial treatment, there was a hope that as soon as the general condition justified ablation of the penis, the scavenger absorbents would remove the exudated material deposited in the connective tissue encircling the inguinal glands.

But he moved about with a constitution so broken down by nervous exhaustion—and just here is the point I wish to illus-



trate—that while in that condition if he contracted any acute disorder its termination would be extremely problematical.

On November 24th he caught cold; he was confined to his bed with an attack of pleuro-pneumonia. His family physician, an able practitioner, was called in; but before the month had closed our patient was dead.

While in the first case the secretion was a sanguineo-purulent fluid, made so, perhaps, by the constant digital irritation to which it was subjected, here in the case of the epithelioma of the penis, we had the secretion of a “scanty, ground rice-like juice.”

In both cases the microscope revealed the large flattened cells, showing them to be of the squamous variety of epithelioma.

In the loose, shaggy cauliflower-like epithelial excrescences that have been brought under my notice, appearing upon the perineum, neck, face, and other parts, as well as sprouting from old cicatrices, carbolic acid, alternated with the application of citrine and creasote ointments, have invariably removed them.

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### *Art. III.—Stone in the Bladder, with a Nucleus of Bone.*

By B. B. LEONARD, M. D., West Liberty, Ohio.

*History.*—About seven years ago, Frank Hines, then eight years old, had periostitis, with disease of the femur near the trochanter minor. The case was neglected, and exfoliation of bone was the ultimate result. In process of time, the external openings healed, and the lad made little complaint. Three years ago he became unable to retain urine, and it escaped by a constant dribbling, but he did not complain of much pain. In this condition he continued until March last, when he came under my care, and, suspicining the existence of stone, I made several attempts to discover its presence. In April, I had made for the purpose a sound of more than ordinary curve, with which I detected a large stone, almost entirely encysted in the anterior wall and upper fundus of the bladder. Having prepared the system for the necessary operation, and assisted by Drs. Jones, Pearce, Cretcher, and others, I proceeded, in the manner described by Cheseldon, to remove the calculus. On reaching the offending body, I found it firmly im-

bedded in the wall of the bladder, and almost covered with firm membrane. So firm and strong were the adhesions that much force was required to dislodge the calculus, which was too large for removal intact. Crushing was immediately effected, and fragments weighing *three and a half* ounces removed.

When the staff was withdrawn—which was done with difficulty—a fragment of bone, half an inch long and three lines wide, was found lodged in the groove. This circumstance gave rise to the suspicion that fragments of exfoliated bone from the femur had penetrated the bladder and formed a nucleus around which the calcareous deposit had accumulated, and an examination of the fragments revealed the fact. The lad made a good recovery, and in seven weeks was able to resume day labor.

I am indebted to Dr. W. H. Cretcher, of Spring Hills, for care and judgment in the subsequent management of the case.

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#### *Art. IV.—Occlusion of the Rectum.*

By Dr. D. W. FLORA, Newaygo, Michigan.

The case of occlusion of the rectum reported by Dr. Sharp, of Urbana, Ohio, and printed in the June number of the *Lancet and Observer*, reminds me of a promise made to you, Mr. Editor, some months since, to report a similar case which I have had under observation since the beginning of the year.

About the 1st of January, 1871, I was called to visit and relieve a suffering infant, whose parents lived some five miles distant. The child had been born something more than forty-eight hours previous. A sensible lady, a neighbor, had been induced to make an examination, by reason of the paroxysms of straining and there having been no movement of the bowels. Her report was that there was no "vent or opening."

Arriving about midnight, I proceeded to make an examination as soon as practical. The infant was a male, large, weighing near eight pounds, plump and well formed, with an uncommon development of the genitals.

The raphé, or median line, was unbroken, smooth as the palm

of my hand, and with no more sign of an anal opening. The mother, who was a primipara, was doing well, furnishing abundance of milk, of which the child had partaken freely. It had rejected its milk once or twice from the stomach during the evening preceding my visit, but with the exception of that, and an occasional fit of straining to defecate, there were no other symptoms of morbid action present. It had urinated freely. The child was sleeping soundly when I arrived.

After explaining briefly the difficulties usually encountered in such operations, and the remote chance of its proving successful, all present consented to an operation.

The lady above mentioned held the child firmly while I made an incision about one and one-fourth inches in length, with a sharp-pointed bistoury, endeavoring to divide, as nearly as possible, the raphé. I then introduced the probe-pointed bistoury, made the incision clean and clear through the integument and fascia. Only moderate hemorrhage followed; no fecal discharge. A female catheter, as a probe, was then introduced more than an inch, when it came in contact with a septum or membrane which protruded downward, and receded when firmly pressed upon. It now became a question whether it were better to proceed any further, as an opening into the rectum, under some circumstances, would give rise to involuntary fecal discharges. One thing, however, induced me to continue the operation, and that was the powerful contractions around the external orifice, leading me to believe the sphincter ani was in a state of complete integrity, and would restrain the involuntary evacuations from the incision into the rectum.

Cautiously puncturing the sac or septum with a sharp-pointed knife, a slight discharge of meconium took place. The orifice was enlarged by the probe-pointed instrument as before, and was followed by a free discharge of meconium and fecal matter, with great relief to the little sufferer.

A sort of plug or tampon was improvised to prevent a union of the edges of the external orifice. The babe fell asleep soon after, when I took my leave.

The tampon could not be retained, on account of the frequent contractions of the sphincter ani, and in consequence the incision united along the posterior edges nearly one-half the way, leaving the artificial anus but little more than one-half an inch in length. Still the child has evacuations at stated intervals only, and has



suffered severely but once, during a severe cold and slight attack of malarial fever, which brought on obstinate constipation.

It is now nearly six months old, and is reported growing as well as most children of its age. I could wish the anal orifice a little larger, and have urged the parents to allow me to operate again, but they are so well pleased with present results that they have not made up their minds. The mother pleads inability and want of time to give the child the proper care which another operation would demand.

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*Disease of the Heart after Violent Exercise.*—In the *Revista Clin. di Bologna* there is an article in which the author calls attention to the affections of the heart caused by excessive muscular efforts. In such cases, the muscle of the heart becomes enfeebled, which supervenes more rapidly according as the nourishment is bad and the heart unfavorably influenced by the nervous system. The heart, and especially the left ventricle, undergoing a continued activity, becomes no longer able to struggle against the exaggerated pressure of the blood, whence dilatation arises, and afterward hypertrophy. Soldiers often suffer from this disease. Conscripts in perfect health were attacked, after longer or shorter periods of service, with hypertrophy of the left ventricle to a moderate degree. Some soldiers, at the commencement of their exercises in summer, complained of palpitation and dyspnœa, and after long marches they had certain attacks, such as sparks before the eyes, noises in the ears, trembling of the legs, and sense of fullness in the chest, with augmented temperature, frequent pulse, and constant desire to yawn. In soldiers who had many such attacks, eventually there arose hypertrophy of the left ventricle. It will be remembered that Dr. Maclean has made similar observations in the British army.

*Quassia for Surgical Dressings.*—"Flies can not bear the smell of the wood, maggots are therefore entirely avoided," says Mr. C. C. Mitchinson, in the *Lancet*. The use of an infusion of quassia as a dressing for open wounds and ulcers in hot climates, and during the prevalence of hot weather, he recommends, and states that in the United States army, after one of the James river engagements, five hundred wounded men, under the care of a friend of his, were treated in the above manner.

## Hospital Reports.

### CINCINNATI HOSPITAL.

#### *Acute Traumatic Tetanus—Service of Dr. W. W. Dawson.*

Reported by L. WOLFE, Resident Physician.

James Holmes, admitted evening of June 3; aged 33; coachman; colored.

States that two weeks ago he ran a nail in the ball of his right foot; six days ago he experienced a sensation of chilliness in his back (lumbar region), which in a few hours was succeeded by cramps (spasms) of the abdominal muscles; three days later his jaws became firmly locked.

On admission, man of average size, well developed and nourished; tongue moist, white coated, red tip and edges; eats but little, but has a good appetite; can only take liquid food; has no difficulty in swallowing; bowels regular; pulse 80, full and soft; heat  $100\frac{1}{2}$ ; respirations 24, free; jaws firmly closed, can be opened barely enough to admit of the partial protrusion of his tongue; mouth drawn a little to the right when he speaks.

Position is dorsal; lies perfectly straight and stiff; can not turn over without assistance; can with some effort flex his legs, but it causes considerable pain; upper extremities free and movable; muscles of neck and abdomen hard and resisting to the touch; abdomen resonant to percussion; has spasmodic contractions of the abdominal muscles every few minutes; slight opisthotonos; risus sardonius marked; spasms momentary; not tender to the touch, but fears handling, as he thinks it brings on the spasms; expression somewhat anxious, but calm; a small puncture made by the nail exists in ball of right foot; is not tender, and is apparently about healed.

Thirty grains each of potass. bromid. and chloral hydrate were given.

June 4. Slept some five or six hours, and was comfortable through the night; pulse 80, full; heat  $99\frac{1}{2}$ ; takes milk and beef

essence well; had but few spasms this morning, but in the afternoon had them at intervals of five minutes, very severe; passes urine freely; no stool; this morning the ext. physostigma venenosum was ordered to be given in gr.  $\frac{1}{8}$ , dose every two hours while awake; 3j. chloral in divided dose at night.

June 5. Pulse 80, full; heat,  $99\frac{1}{2}$ ; slept well; had but few spasms to-day; flexes his legs and bends his neck a little; abdominal muscles very rigid and resisting to the feel; urine free; bowels moved from comp. cath. pills; takes nutritious fluid well; continue calabar bean, chloral at night.

June 6. Slept five hours; pulse 88; heat  $99\frac{1}{2}$ ; had spasms to-day at intervals of about ten minutes, but not near so severe as on admission; trismus is less; moves limbs very well; tongue white-coated; urine free; bowels open; appetite good.

June 7. Slept seven hours on the customary amount of chloral; pulse 80, full; heat  $99\frac{1}{2}$ ; no evening rise in the temperature; had but three spasms in the forenoon, but in the afternoon had them every ten minutes, but not severe; abdominal muscles still hard as a board; opens jaws and bends his neck a little better.

June 8. Slept all night on the chloral; pulse 80; heat 99; had but two spasms this morning; had about ten this afternoon.

June 9. Slept all night on the chloral; pulse 80; heat  $98\frac{1}{2}$ ; had only two or three spasms to-day, very light.

June 10. Took 3j. chloral last night; was restless part of the night, but slept toward morning; had a number of spasms during the night and some to-day; pulse 80; heat 99.

June 11. Slept six hours on 40 grs. chloral; had a few spasms in the fore part of the night, and had a few to-day; pulse 72; heat 99; jaws open better day by day; bends his neck better; abdomen still rigid; bowels right; tongue clean; appetite good; takes only liquid food.

June 12. Slept all night on 40 grs. chloral; pulse 80; heat 99; has had no spasms to-day; feels more comfortable than at any time during his illness.

June 13. Slept all night on 40 grs. chloral; pulse 80; heat 99; no spasms to-day; opens his jaws very well; can turn himself over without assistance, but can not raise himself up; abdominal muscles still rigidly contracted.

June 14. Slept well on 40 grs. chloral; pulse 80; heat  $98\frac{1}{2}$ ; no spasms to-day; can roll over and bend his legs very well; bends his neck well; bowels regular; appetite good.



June 15. Slept but little ; took 20 grs. chloral last night ; pulse 80 ; heat 99 ; tongue white-coated and flabby ; had half a dozen spasms to-day, very severe ; but little trismus.

June 16. Slept well on 20 grs. chloral ; pulse 80 ; heat  $98\frac{1}{2}$  ; no spasms to-day ; abdomen rigid ; feels very well ; tongue clean.

June 17. Slept all night on 40 grs. chloral ; pulse 88 ; heat 98 ; no spasms to-day ; abdomen a little softer ; urine passed in normal quantity ; very heavy deposit of tripophosphates exist in it ; increased the calabar bean to  $\frac{1}{4}$  gr. every two hours.

June 18. Slept all night on 40 grs. chloral ; pulse 68 ; heat 98 ; no spasms ; tongue clean ; bowels right ; appetite good ; can bend his neck as well as before his illness, and can open his jaws nearly as well ; moves his limbs perfectly and comfortably ; abdominal muscles softer, but still pretty rigid.

June 19. Slept all night on 40 grs. chloral ; pulse 72 ; heat 98 ; no spasms ; after many efforts, and with some help, managed to get on his feet to-day ; can not stand straight, but bends forward considerably ; can not walk ; abdomen very hard to the touch.

June 20. Slept all night on 40 grs. chloral ; pulse 80 ; heat  $98\frac{1}{2}$  ; no spasms ; raised himself up and sat on a chair to eat his breakfast.

June 21. Slept all night on 40 grs. chloral ; pulse 72 ; heat  $98\frac{1}{2}$  ; no spasms ; sat up an hour to-day, and with support on each side walked slowly around his bed two or three times ; can not yet stand straight ; belly a little softer.

June 22. Sleeps well on 40 grs. chloral ; pulse 72 ; heat  $98\frac{1}{2}$  ; sat up three hours to-day, and walked the length of the ward ; very stiff, and bends forward in walking ; gait very slow and tottering.

June 24. Sleeps well on the chloral ; sits up nearly all day, and walks around considerably ; bowels regular ; no trismus ; appetite good ; tongue clean ; belly getting softer.

June 29. Abdominal muscles still very rigid, but apparently getting a little softer day by day ; walks very well, but slowly ; can not stand erect, but bends forward a little on account of the tension of the abdominal muscles ; opens his mouth perfectly ; stopped the chloral.

July 8. Abdominal muscles much softer, and getting softer every day ; the upper part of the recti are, however, still hard ; walks around the ward at a lively gait, and can stand pretty nearly erect ;

ordered the continuous current of electricity applied to abdomen and back daily.

July 22. Discharged perfectly well; all the bodily functions performed properly; no stiffness or rigidity of any of the muscles.

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*The Treatment of Traumatic Erysipelas by Spirits of Turpentine.*  
—In an article in *Il Ippocratico*, recently, it is related that, a few years ago, Prof. Lücke proposed a new way of treating erysipelas. In nine cases cited by that author, he arrested the course of the complaint in two or three days. Borgien, Cøster, and quite recently Dr. Bonfigli (*Ippocratico*, 1871), made experiments with this method in traumatic erysipelas, and obtained excellent results. This method consists in dressing the region affected with erysipelas with oil of turpentine. In a few hours the œdema disappears, the redness becomes paler, and the fever diminishes; two or three days generally suffice completely to conquer the other symptoms. Dr. Lücke came to think of this application because, according to the reigning theories on the pathogeny of traumatic erysipelas, this complaint approaches septicæmia. Now, oil of turpentine is a complete poison to the organic matter which engenders infectious diseases; it destroys this as far as the skin when it produces a specific inflammation. According to Hueter, diphtheria, like traumatic erysipelas, is characterized by the presence of organic round corpuscles, which are found in the liquids of the tissues; these corpuscles, which get into the blood and urine, are considered by Hueter as of the nature of *monas crepusculusis*, which is at once killed by essence of turpentine. Here is one case by Dr. Bonfigli, abbreviated: A young husbandman, æt. twenty-three, of good constitution, was suffering for some days from inflammation of the right nostril; at once he was taken with fever and shivering fits; his face became red and swollen; some phlectenular points arose here and there on the diseased region. Dr. Bonfigli had the parts dressed with oil of turpentine; on the next day the œdema was gone, and the redness considerably lessened. However, the erysipelas had invaded the left side of the face and a part of the hairy scalp. Dr. Bonfigli continued the same dressing, and, thanks to this simple treatment, all the symptoms vanished, so that on the sixth day there was only a slight exfoliation noticeable of the epidermis.

## Medical Societies.

### CLARKE COUNTY MEDICAL SOCIETY.

Fourth Session of the Twentieth Year. Reported by ISAAC KAY, M. D.,  
Secretary.

The Clarke County Medical Society met Thursday, August 3d, at Central Hall in Springfield with the officers all present. Physicians present: Drs. Banning, Bryant, Buckingham, Hazzard, Kay, McLaughlin, Owen, Reddish, Reeves, J. A. Rodgers, Rice, D'Richey, Whitehead, and Senseman.

The society then proceeded to discuss the subject regularly proposed at the last meeting, viz: **MERCURY**.

Remarks were made upon the topic under consideration by all the members present, and discussion was kept up with animation and deep interest for more than three hours, each one speaking about fifteen minutes.

The following, among many other things pertaining to the use of mercury in the practice of medicine, were noted:

First, in regard to its history. Mercury was known to the ancients, but was never used in any way as a medicine until the time of the two celebrated Arabian physicians, Avicenna and Rhazes, in the beginning of the eleventh century.

Sixteen different chemical combinations of the metallic mercury—otherwise called the salts of mercury—have been in use since that time; but the most common preparation of later years has been the chloride of mercury, properly termed calomel. This form of mercury was first introduced to the medical profession of Europe, about the year 1608, but it is claimed to have been used in India long prior to that time. The virtue of this powerful remedy, which struck physicians so favorably at the beginning, was its great efficiency in the treatment of inflammations. As this form of disease had ever been, and is now, the physician's most common enemy, he would naturally regard any efficient antiphlogistic as an interesting ally. So it seems to have been in respect to mercury. As an antiphlogistic, or neutralizer of inflammation,



it stands higher to-day, in the estimation of the whole educated medical world, than any other agent — higher than bleeding, higher than antimony, higher than the saline preparations, or of any other one thing ; but not higher than all these put together.

During these discussions it was explained how it came to be injuriously used during the earlier part of the present century. Seeing that it was so successful a remedy in certain serious forms of disease, some of the earlier physicians were strongly tempted to use it in many other diseases, where later researches have proven it to be useless, and worse than useless. This agent might be compared to a sharp-edged tool, or instrument, which however useful and indispensable it might be in civilized life, yet if not handled with care and discretion would do more harm than good. The increased light which recent discoveries has made in medical science shows more clearly when to use this article, and when to refrain. If a surgeon were to take a sharp amputating knife into a surgical ward that was perfectly dark, and commence slashing around with it among the patients, who does not know that he would do more harm than good. Yet what argument is this against the skillful and judicious use of the catling in the well-lit up room of that same surgical ward.

It was shown by some of the speakers that mercury regulated the quantity of fibrin in the blood ; it made the albumen less coagulable, and that these energetic alterative properties in the medicine made it so valuable in the treatment of inflammations as well as several other forms of disease. The morbid plasticity of the blood, and the abnormal quantity of the red corpuscles, which so generally existed in inflammation, are far more certainly combated by calomel than by any other agency.

It was also made manifest by these discussions that mercurials are not so frequently, and consequently not so indiscriminately, used as formerly. And furthermore, when, as at present, it is more carefully guarded as to any untoward effects. At least one of the late discoveries of chemical science has put into the hands of the physicians, a substance that averts all the unpleasant effects of mercury. Hence the fact that of late we hear of scarcely any cases of salivation from the use of this remedy. There has perhaps not been an instance of salivation in this city or county for a whole year or more.

Some of the speakers went on to say that the accidents which often arose from the careless or unskillful use of mercury served

as a basis upon which nearly all forms of modern quackery were predicated. Thompsonianism, eclecticism, and many other systems of empiricism, had no other foundation than the prejudices of the people against calomel; nor did the speakers deny that these prejudices were, in many instances, but too well founded. These false systems of medicine may have served the true interests of the world in causing greater caution in the use of mercury; but here, certainly, their mission ends. It was no more extensive than that of the frogs and lice in Egypt. The public could make no complaint of doctors now on the score of mercury.

The cause pursued by upstarts in medicine, who practiced with a book and a box, of abstaining from the use of mercury, was a wise one for them, and fortunate for the people, for with their limited and defective medical education, they were wholly unfitted to handle this remedy. But this does not militate against its use by competent physicians, nor does it serve as an apology for the existence of the first named class of practitioners.

One of the prominent speakers alluded to the superiority of calomel in the treatment of bilious fevers as manifest in the better success of physicians who use it in these cases. He mentioned instances which had recently occurred in this region of country in which common bilious fevers had been treated entirely without mercurials, and that they had proven so rapidly fatal that no intelligent explanation could be given of the result, other than that of the omission of this time-honored remedial agent.

It seemed, from the drift of these discussions, that although calomel is much less used now than formerly—used in a less number of diseases, and also in less quantities in any particular disease—yet in the certain limited number of cases in which it is a proper remedy, it is more firmly established, and more strongly entrenched in the confidence of the medical profession now than ever.

After transacting a few items of business, the society adjourned to meet again on the first Thursday of next month.

## CENTRAL OHIO MEDICAL SOCIETY.

Reported by P. F. BEVERLY, M. D., Secretary.

WESTERVILLE, July 6, 1871.

The ninth regular meeting of the Central Ohio Medical Society was held in the old College Chapel in this place. The President in the chair called the house to order at 10 A. M. Dr. Beverly was elected Secretary *pro tem.*, who read the minutes of the last meeting, which were adopted.

Reports of cases being called for, Dr. Guerin stated that he had just treated a case of spotted fever, the symptoms of which were not well marked, but assimilated remittent fever.

Dr. Gay, called as counsel in this case, had recommended permanganate of potassa, which had been used with favorable results.

Dr. Andrus considered permanganate of potassa of no use in this disease.

Dr. Holmes reported a case of this disease which had been treated with bromide of potash, tinct. gelseminum, and tinct. aconite every two hours.

Dr. Andrus was called in council, who indorsed the treatment; case recovered.

Dr. Andrus considered gelseminum superior to veratrum in all cases.

Dr. Landon considered that the disease was very similar to congestive fever in its early stage, and gave examples of this kind.

Dr. Bracken suggested the actual cautery along the spine in this disease.

Dr. Gay reported a number of cases which he had treated some ten years ago in the city of Columbus. He considered the poison which rendered the disease so fatal very similar to that of snake-bite poison. He remarked that the first symptoms of this disease were very much like congestion.

Dr. Bracken gave his views, which corresponded with Dr. Gay's.

Dr. Hyatt said he had a case some years ago which he thought at first was typhoid fever, but Drs. Hamilton and Dunlap being called in, considered it cerebro-spinal meningitis. He would not depend upon any other remedy but opium in any case of this disease.



Dr. Andrus thought counter irritation was quite serviceable.

Dr. Hyatt said this was undoing with one hand what he was trying to do with the other.

Dr. Little said where the pupil was dilated give opium, but in no other case.

Dr. Beverly gave his opinion of the pathology of the disease, considering the blood to be so poisoned as to destroy its integrity, and produce a separation of its normal elements. He had seen the disease some ten years ago raging as an epidemic; had treated it with permanganate of potassa, chlorate of potassa, and the more common remedies, opium, quinine, etc., with variable success. Some recovered perfectly, leaving no traces of the disease; others became chronic, lingering six weeks or more, and some died eighteen hours after the first attack. When sporadic cases occur, they very often recover, notwithstanding the treatment seemingly diversified and conflicting.

Dr. Welch desired to know how counter irritants could affect a blood poison and produce the absorption of the poison, or drive toward the surface in so malignant a disease.

Dr. Gay would use antiseptics and opium principally in treatment of this disease.

Dr. Landon moved a recess until 2 p. m., which was carried, and the resident physicians provided for the comforts of visiting brethren as best they could, which seemed satisfactory to all, and was a source of great pleasure to the physicians and their families who entertained so goodly a number on the occasion.

The first business of the afternoon was reading of essays.

Dr. Hyatt read a paper reporting a case of scirrhus of the liver, with degeneration of the peritoneum. The case was one of great interest, and reported in the doctor's happy manner. The paper was received and preserved in the archives of the society.

Dr. Andrus reported a case, which he considered bilious congestive fever, occurring in Westerville, ult. Treated the case with quinine, Dover's powder, mustard to spine, etc., gave comp. C. pill, and as per suggestion of Dr. Gay, gave permanganate of potash a short time. Said that Dr. Gay and he differed in opinion.

Dr. Blymer stated that the difference of opinion between physicians was most always brought about by their would-be friends, and considered it beneath the dignity of physicians to endeavor to cavil over small differences of opinion, which often existed more in name or fancy than in reality.

Dr. Bracken reported a case of much interest which he had treated recently; asked opinion of gentlemen present. He also represented some pectinatus connected with another case of a lady, the particulars of which I can not give, but those who were present will agree with me that the doctor gave a very complete account of these two cases.

Dr. Page inquired if uræmic poison was not the cause of the semi-comatose symptoms in the last case.

Dr. Johnson reported a case of diphtheria, which is now under treatment, and desired to know if quinine would be admissible in the case.

Drs. Andrus, Landon, Bracken, and others entered into the discussion of quinine in diphtheria and typhoid fever.

Dr. Johnson called the disputants more strictly to the disease in question, which was further considered until Dr. Gay called for a suspension of any further discussion of this question, believing that more important topics were in possession of members present and the time for adjournment was at hand. The doctor was sustained by the Chair, and proceeded to report a case of paralysis of one arm in the person of Mr. Comstock, of Columbus. Further particulars of this case will be remembered by gentlemen present.

Dr. Ranney moved that the next meeting of the society be held in Albany, which was agreed to.

The essayists for said meeting would be Dr. Constant and Dr. Leeds; alternates, Dr. Bracken and Dr. Hanby. Executive Committee, Drs. Ranney, Holmes, Bracken, Landon, and McClurg.

The fee bill was resumed and ordered to be printed, Dr. Andrus foreman of its committee.

Dr. Holmes joined the society.

Notice is hereby given that a resolution will be offered to change section 2, of article 3 of the constitution, so that the election of officers will be held in July instead of January.

The society adjourned.

P. F. BEVERLY, *Sec'y.*

W. PAGE, *Pres't.*

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*The President* (Dr. Comegys) called attention to the well-pro-nounced opposition of some of the leading physicians of New York to the use of *chloral*, some of them having gone so far as to express their regrets at this drug having been discovered. He hoped the Section on New Remedies would investigate the subject and present a report to the Academy.

*Dr. Whittaker* reported a case of pleurisy, with very great displacement of the heart, and effusion of fluid, containing fibrin within the pleural cavity. He removed the fluid by the use of the aspirator, and the recovery of the patient was complete.

*Dr. Ludlow* reported a similar case, which was cured by the administration of calomel, and without the use of any such instrument as referred to by Dr. Whittaker.

*Dr. Orr* reported the case of a drayman, who, five weeks ago, had acute pleurisy, with effusion in the pleural sac. Three weeks ago he used the aspirator, at first introducing a small cannula and obtaining a small quantity of pus; he substituted a larger cannula and succeeded better, removing a large quantity of fluid. Dr. Orr thinks he was the first to use the aspirator in this country, employing it May, 1871.

*Dr. Young* reported the case of the late Dr. Willis, together with an account of the post-mortem examination. From the evidence presented, it was concluded that he died from fatty degeneration of the heart. [Dr. Willis was a practicing dentist of this city. Apparently he was in the enjoyment of complete health. He was remarkably correct and regular in all his habits and pursuits. Suddenly he had an attack, while at work in his office, of a peculiarly distressing pain in the chest. Rest afforded relief in a few hours, so that he expressed himself entirely well in the evening. The next day he had a similar attack; sent for a physician; partially rallied; took a final paroxysm, and died within a few minutes—not more in all than about an hour from the access of the second day's paroxysm. Dr. Young, whose office is only a few steps from that of Dr. Willis, was sent for, and promptly responded, but found him dying as he entered the room.—ED. L. & O.]

Remarks were made on the case by several members, when, in-



cidentally, the question of administering chloral and bromide of potash together was referred to.

*Dr. Unzicker* said there was an incompatibility in the two medicines, and that chloral should be administered in distilled water.

*Dr. Walker* remarked if the combination of these two remedies be good and correct we should know it. He moved that the matter be referred to Section on New Remedies for investigation and report.

Subsequently, *Dr. Unzicker*, from this committee, reported: He deprecated the practice of combining hydrate of chloral with other remedies, as no doubt some of the properties of the chloral were destroyed. He advocated simplicity in prescriptions as a rule, and especially to be observed in the administration of chloral, as its composition was so delicate.

*Dr. Walker* did not regard this report as sufficient. The question raised was, did the combination of chloral and bromide of potash destroy the properties of chloral?

*Dr. Orr* reported the case of a female who had puerperal hysteria. He gave chloral, but did not secure sleep. The patient had been using lemonade. He then gave bromide of potash and chloral alternately every two hours, with the happiest effect, producing sleep and quietness. His theory was that as soon as there was alkalinity of the blood produced, the chloral had its peculiar hypnotic effect.

*Dr. Carson* thought there should be an expression of opinion by the physicians of Cincinnati in reference to their use of chloral. From time to time he had given the Academy the benefit of his experience in the use of the remedy. He gave it in 15 gr. doses, very rarely giving so much as 30 grs. at one dose. He had found it an excellent remedy in hysteria and delirium tremens.

*Dr. Whittaker* reported a case of a little girl, who, after convalescence from typhoid fever, had a relapse. At one time there was marked opisthotonos. She was kept under the influence of chloral for three days, and had a rapid convalescence.

*Dr. Ludlow* reported a case of diabetes where the patient passed two and a half gallons of urine daily. He was treated to a cure with chloral.

*Dr. Young* spoke of the after effects of chloral as being more disagreeable than those of opium. He had patients who preferred taking opium, notwithstanding the bad effect of the latter, and in

that respect, as a substitute for opium, he thought it had been a failure.

*Dr. Muscroft* said the syrup of almonds was a very desirable vehicle in which to give chloral, as it disguises the pungent taste of the drug better than anything he had tried.

*Dr. McIlwaine* being present (June 5) stated that he had received a letter from the Secretary, informing him of his election as honorary member, and for this distinguished mark of [partiality he had come in person to return his sincere thanks for the honor conferred. Said he: It is pleasant to me to reflect that though medical societies have existed in this city since 1817, not a vestige of them remains to-night tangible, while our Academy, established in 1857, in all the vigor of youth, is not only numerically strong, but rich in intellect, possessing all the germs of a continued vitality, and my wish is that its existence may be perpetual. I may not weary you with the various processes through which it has passed in attaining its present strength, but I am reminded of its feeble beginning. I was its librarian when it possessed not a book; I acted at times as its janitor, and with a great deal of pleasure discharged the functions of that office. The Academy honored me three times with an election as its presiding officer. It sent me as delegate to the Medical Congress in Paris, in 1867. When the Academy was incorporated, so as to become an institution with a legal existence, I was made one of its first board of trustees. So I may say with deference to the Academy, "What ambition has not been gratified?" And now, in taking my departure from among you for a new home in New York city, new obligations are placed upon me. You enhance your claims on my gratitude in thus perpetuating our academic relations. In conclusion, the doctor made pleasant allusions to his friendly relations with the earlier members and founders of the Academy—some of them now gone over—as the venerable R. D. Mussey (first President of the Academy), Dr. Wm. Judkins, and others. He said he might never meet with the Academy again, but all these associations would cluster about memory's waste during the remainder of life.

## MEDICAL SOCIETY OF WHEELING.

## DISCUSSION ON SUDDEN DEATH IN PUERPERAL CASES.

Reported by S. L. JEPSON, M. D.; Secretary.

The following discussion at a recent meeting of the Wheeling Medical Society will be read with interest. We take it from the *Medical Times*:

At a monthly meeting of the "Medical Society of the city of Wheeling and county of Ohio," West Virginia, Dr. R. H. Cummins, President, in the chair,

Dr. Hupp called the attention of the society to an interesting case to which he was called the previous night. The patient had been confined five days before, and, sitting up on the day on which he was called, had exposed herself imprudently to a current of air. At 8. p. m. she suddenly grew faint, and her friends were alarmed. On arriving, he found her pulse 90, face pale and anxious, respiration suppressed, surface cold and in a profuse perspiration, and she really appeared in a dangerous condition. She suffered no pain, nor was there any sign of inflammation. He prescribed for the case, and the patient is reported better to-day.

Some years ago the speaker had been called to a case not unlike this one. The woman had been confined, and was doing well, until the third day, when she was suddenly seized with a chill, and died before he could reach the house. He was anxious to know the cause of such sudden prostration and death. Was it embolus, or mere syncope? or can any satisfactory explanation be given?

Dr. Hildreth said sudden deaths of puerperal women were by no means pleasant occurrences to the physician, and all such possessed a peculiar interest. He had met such cases in his own practice. Some years ago he was summoned to see a pregnant woman, and found her in good health, but fearful that she was not going to survive her confinement. He allayed her fears as much as possible, and a week later she was safely delivered of a healthy child. At the time of labor she especially feared hemorrhage, but no abnormal amount occurred. She continued well until the third day, when symptoms similar to those related by Dr. H. occurred suddenly, and death seemed impending. A consulting physician was



called, but the patient rapidly sank and died. He had never been fully satisfied as to the cause of her death.

Dr. R. H. Cummins desired to relate the history of a case of sudden death of a puerperal woman, not, however, exactly similar to those already mentioned. The patient, *æt.* 30, in good health, had been delivered of a fourth child, and convalesced favorably until the fourth week, when symptoms of pleurisy set in, but they were not severe in character. In ten days, with diaphoretics and morphia as the principal treatment, she had so far recovered from pleurisy as to sit up in bed and do some light work, such as cutting out children's clothes. All physical signs of pleurisy had disappeared. She had resolved to leave her bed the next day after doing the above work. About noon, however, when her husband was at dinner below, and only her servant was present, she was suddenly attacked with unfavorable symptoms. Her husband arriving almost immediately, found her bent forward, and, as he described it "in a spasm," but probably she was in a fainting-fit. The speaker arrived a few minutes later, and found her bent forward, her head partially covered by a pillow, her countenance pallid and anxious, frothing at the mouth, gasping for breath, pulseless at the wrist, but her heart still beating, and intellect perfectly clear. She gasped, indistinctly, a few words, and in a very few minutes was dead. In this case conditions most favorable for the formation of heart-clot—the puerperal state and pleurisy—were present, and to this cause the speaker attributed the fatal termination.

A post-mortem examination was held four hours after death. Recent adhesions were found near the base of the right lung, and slight old adhesions at the apex of the same lung. A small point of this lung, about the size of a turkey's egg, was hepatized. Patches of tubercle, hardened and calcareous, existed in both lungs, but were more abundant in the left.

Dr. C. had reflected much on this case, and in connection with the lung-trouble had asked himself whether the old plan of treatment of pleurisy and pneumonia, viz: bloodletting, general and local blisters, etc., with a view to abort the inflammation, was not after all the best, and productive of the least mortality. Would not accidents such as have been reported to-night be less apt to occur under such treatment, since the longer the inflammation exists the more fibrinated does the blood become, and hence the greater

the liability to clot-formation? He merely suggested these points without giving any positive opinion on the subject.

Dr. Frissell reported a case of sudden death, somewhat similar to those already given, occurring in an adult female patient convalescing from measles. She had been sitting up, had partaken of a hearty dinner, but toward evening became suddenly unwell. He found her perfectly rational, but with distressed countenance, and fearful of death. She rapidly sank, and died before midnight.

As to the cause of death in these cases, he had generally considered that some sudden congestion of the lungs, or about the heart, played a prominent part. Perhaps by undue exposure to a cool atmosphere, or to a draught of wind, the capillary circulation, already enfeebled by disease, becomes still further interfered with, and the blood is thus driven back about the vital organs of the chest, the circulation becomes much impeded, respiration is consequently interfered with, and death results.

Dr. Reeves remarked that few medical men had been so fortunate as to escape meeting with cases of sudden death in their practice, and especially in the case of patients in the puerperal state. He has had his share of the sad experience. He had often thought it possible that shock had something to do with the result in those cases in which death occurred soon after delivery. One case he remembered well. The patient, whom he was attending in labor, had but a single severe pain, when she collapsed, and was delivered with forceps; she remained pulseless for forty-eight hours, but finally recovered. Another patient, Mrs. S., had been delivered of her fourth child, and convalesced favorably until the ninth day, when, while sitting by the fire nursing her child, a sudden sense of faintness came over her, she fell, and in a few minutes was dead. She had positively *no* bad symptoms up to the moment when the faintness seized her.

As to the theory of embolism that is offered as an explanation of these sudden deaths, the speaker would inquire how we are to determine, when making *post-mortem* examinations, the *ante* from the *post-mortem* clot? Have pathologists established any positive diagnosis between them? Very few autopsies are made in which clots are not found in the heart; but if we are not able to say *when* they have been *formed*, how will they aid us in arriving at the cause of death? As to the comparative value of the older and more modern plans of treatment of pleurisy and other inflammations, he accepted the latter as the better, and thought statistics

would prove its superiority. He did not believe that the old method gave any security against embolism.

Dr. Cummins thought that *shock* was out of the question in these cases, and certainly in the one he had detailed. Six weeks had passed since confinement; her convalescence was satisfactory, and convalescence from the pleurisy was also progressing favorably, when death occurred as described. He had arrived at the diagnosis of heart-clot by the process of exclusion. The patient was perfectly rational to the last. Hence no brain-trouble could have been present; the uterus had arrived at the proper stage in the process of involution, and was perfectly healthy in appearance. All the abdominal organs were healthy; the disease of lung was certainly not sufficient to cause death. There was no indication during life of any prior heart-disease, nor was there a history of rheumatism. The symptoms prior to death were such as would be caused by an obstruction of the circulation; and, lastly, a firm clot was found in the heart. Doubtless this clot, or rather a portion of it, passing into the pulmonary artery, cut off the blood from the lungs; and, respiration thus being prevented, death resulted.

Dr. Hildreth said that he had witnessed the autopsy in Dr. C.'s case. He described the post-mortem appearances as already given, with the difference that there was considerable congestion extending from the hepatized portion of the lung. His theory of the cause of death was, that the circulation being already impaired by the tubercular condition of the lungs and the inflammation existing in the right lung, a sudden congestion had probably occurred, and the circulation thus became so much more disturbed that respiration was obstructed and death resulted. Very unfortunately, he added, the contents of the heart and pulmonary artery had been emptied in removing them, and he thought a satisfactory examination was not had; therefore the existence of a clot, other than those so frequently found in the heart, was not well ascertained. He had seen and made many post-mortems, and almost always found clots in the heart.

Dr. Bates remarked that a peculiar interest attaches to these sudden deaths of puerperal women; and perhaps under no other circumstances does the death of a patient create so much dissatisfaction with a physician. He used to cease his attendance upon women on the third day after confinement, but of late years was in the habit of watching them for several weeks. So many



accidents are liable to occur in this state, that this was necessary if we would insure the safety of our patients. Women were very apt to leave their beds too early, unless watched and cautioned; no more imprudent act can be committed. By seeing them frequently, and until danger is past, we could impress upon their minds the necessity of great care, and thus lives might be frequently saved. It is the solemn duty of a physician, so long as any danger from these puerperal accidents remains, to watch his patient closely.

As to the cause of death in the case under discussion, the speaker adopted the heart-clot theory, and thought that the symptoms preceding death pointed decidedly to this cause. Congestion is a convenient term, and frequently resorted to; but what are we to understand by it? An accumulation of blood, a stasis. Now, if the circulation had previously in this case been materially interfered with, there might have been congestion; but would the termination have been so sudden? He was by this case reminded of the sudden death of a patient last winter, the cause of which he thought the same, though no autopsy was held. A young man, aged 21, was convalescing favorably from pleuropneumonia, when he was seized with a violent dyspnœa. His pulse almost ceased; his face became purple, and, throwing himself forward, he gasped for breath, but in vain. All remedies were without effect, and death brought relief in a few hours. Cases such as those reported show plainly the necessity of great care and prudence on the part of the recently delivered woman; and physicians can not be too vigilant in watching and warning them.

Remarks were made further advocating the theory of congestion, to which Dr. Cummins objected decidedly, as applied at least to his case; because—1. Congestion is greatest *prior to* inflammation. In his case the inflammation was subsiding; and why should a sudden congestion occur at this period? 2. The autopsy presented no appearance of congestion of the lungs. 3. Congestion could not have produced death in so speedy a manner. 4. The symptoms were exactly such as we would expect to find in a case where the circulation was obstructed by an embolus. 5. The heart did contain a small, firm clot.

Dr. Huff related the treatment and result in two cases of pleurisy, to illustrate the comparative efficacy of the old and new modes of treatment. He was called to a patient with pleurisy eight

weeks ago, and prescribed the ordinary treatment of mild counter-irritation, with a diaphoretic and expectorant mixture. The pain, in time, subsided; unfavorable symptoms disappeared, and in a few days the patient went to work, in apparently good health, save a slight cough. The symptoms, however, soon returned, the cough and pain increased, and the patient was compelled to return to his bed. He was then cupped and blistered. The symptoms again soon subsided, and he is now in a fair way to recover.

Since this case was first seen, another similar, but more severe case had come under the speaker's care. He found the patient, an adult male, suffering a very severe pain in the chest; respiration and cough were much interfered with. He feared for the patient's safety. Six or eight cups were used on each side of the chest, and blood was freely taken. The pain almost immediately subsided. The next day a very large blister was applied to the chest. He also gave an expectorant and anodyne; and in two days the impending danger was past. A speedy and complete recovery resulted. The speaker thought that if the same energetic measures had been adopted in the first case the relapse would not have occurred. He is in favor of active measures in these cases of sthenic inflammation.

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*Chloral in Asthmatic Bronchitis.*—Dr. Caspar Morris said: "I was recently in attendance upon a lady who suffers from frequently recurring attacks of bronchitis, with asthma. The skin was hot, the frequency and difficulty of respiration very great, the râles loud and musical, and the secretion very profuse, so that the mucus could be poured from the cup in an abundant, ropy stream. My attention had been arrested by the account, recently published, of the hydrate of chloral, and as she had not been relieved by any remedy which I had previously tried, except to a slight degree by chloric ether, it occurred to me that the chloral might be of service. I ordered five grains in one fluid-drachm of the syrup of lactucarium of Aubergier, to be repeated in two hours if required. The two doses afforded entire relief; and she has found great comfort since from a single dose taken at bedtime; a good night's rest being secured by it. I mention it as a valuable aid in the treatment of this intractable and distressing disease."

## Opthalmological.

*Cases in the Ophthalmic Practice of Prof. E. Williams, M. D.,  
Cincinnati, Ohio.*

Reported by J. THOMPSON, M. D.

William K., æt. 43, while on a hunting excursion, November 1, 1870, was accidentally shot by a friend who was about sixty yards distant from him. The shot, which were No. 8 bird shot, were scattered all over the right side of head, face, and neck. The right eye became blind immediately after receipt of injury; and on the 4th of November, he noticed a rapid failure of vision in left also. He called to consult Dr. Williams, November 11, 1870, when, upon examination, the following condition was found: Many shot were found imbedded beneath the scalp and the integument of the face on the right side; some were imbedded in the eye-lids, and others appeared to have passed entirely through to the eye-ball, on which they left very distinct ecchymosed marks. Green discoloration, following ecchymosis, extended some distance from and completely surrounded the right orbit. Two shot were felt in left lid, and it was then thought that one could be felt on the eye-ball beneath, and when the lid was raised and the patient turned the eye downward, the trail of one could be distinctly seen upon the sclerotic, which was contused and swollen in a line, the breadth of which was four millimetres, and the length eleven, which extended almost to the equator of the bulb. It was also our opinion that the shot could be felt with the finger.

He has not the slightest perception of light in the right eye, and can barely see one's finger with the left eye, and they have to be held in a certain position on the temporal side to be seen at all. The pupil of the right was rather larger than that of the left eye; it did not act directly, but responded consensually to a very bright light; that of the left eye was quite active.

On examining the right with the ophthalmoscope, nothing abnormal or unusual could be seen.



An extensive hemorrhagic exudation could be seen in the fundus of the left, especially in the region of the macula-lutea and papilla, covering the latter so completely as to prevent its inspection. A guarded prognosis was given, and he was told to keep quiet and to avoid all mental perturbation (a thing almost impossible in his condition), to use no stimulating beverages, and to report again in two or three weeks.

He returned in two weeks, and his right eye presented the same appearance as before. The shot spoken of could still be felt in the left sclerotic, and the intra-ocular exudation appeared still more dense than at first.

He called at the office again in January, 1871, with a similar condition of both eyes; it was thought, however, that a commencing atrophy of the right papilla could be seen. As the exudation was not yet sufficiently absorbed to admit of a thorough inspection of the fundus of the left eye to enable one to base a prognosis as to the ultimate result, he was therefore requested to call again in a few weeks.

August 9, 1871. The right eye is in a similar condition to that first seen, with this exception: A well-marked and unmistakable atrophy of the papilla now exists. The left eye looks well; the swelling which was noticed on the upper part of the sclerotic, and which was supposed to contain a shot, has entirely disappeared. The fundus looks normal, there being no trace of any hemorrhagic exudation nor lesion therefrom. He has read several lengthy histories since his last visit (which we think was very imprudent), and he can now read No.  $1\frac{1}{2}$  of Snellen. On testing his vision for distance we find a myopia of a  $\frac{1}{48}$ ,  $S=\frac{1}{2}\frac{5}{0}$  with  $-48$ .

*Remarks.*—The above case is instructive in many particulars; it opens a field for discussion, and admits wide differences of opinion. The first question which may be asked is: What caused the sudden blindness in the right eye? Was it the severe blow from the shot against the eye-ball which caused a paralysis of the retina (commotio retinæ), or did the shot penetrate to the posterior part of the orbit and contuse the optic nerve? Either of the above views is, we think, tenable, and we will adopt, and, if necessary, defend the latter.

When we look at the peculiar shape of the orbit and its contents, and remember how spherical projectiles change their course after striking spherical bodies, the wonder is that the optic nerve ever escapes.

It is similar to shooting into a funnel containing a sphere for the express purpose of directing the shot to the apex. The hemorrhagic exudation must have been from the retinal vessels; had it been from vessels beneath the retina, changes would have taken place, and would have been seen at the last examination.

The above case shows the importance of one's seeing the patient from time to time, until able to see the fundus distinctly, for without doing so one never can be certain in his prognosis.

No other medicine than a placebo is needed in most of such cases, and it is useful only so long as it prevents the patient from being dosed to death by his friends.

*Sympathetic Ophthalmia in Right Eye following Wound in Left Eye.*  
—John H. S., a Swede, æt. 30, was struck on the left eye, January 27, 1871, by a piece of steel rivet while cutting it off with a chisel. He presented himself at the office of Dr. Williams, on the 28th, when, after an examination, it was found that the cornea was cut throughout its entire extent vertically, the iris and lens were also wounded, and as the latter was very much swollen and the eye very painful, it was deemed best to remove the lens, which was done in the following manner: Pressure was made upon one of the cut edges of the cornea, while counter pressure a short distance from and immediately opposite accomplished the removal of the nuclear portion, after which the corticle portion was removed with the aid of a scoop. The eye was then dressed as is usual after cataract operations, and atropine used twice a day. The aqueous trickled out for nearly one week, after which the corneal wound united together with the edges of the wounded iris, forming an extensive synechia anterior. A tolerably fair anterior chamber was established and the patient improved rapidly, and went to work in three weeks after the operation.

March 11. He again presented himself at the office, suffering great pain in and around the injured eye, with slight pain and dimness of vision in right eye, lachrymation, photophobia, glimmering or dazzling as though one were viewing objects through vapor, tenderness around corpus ciliare; in short, all the evidences of sympathetic irido cyclitis were manifest.

He was urgently requested to submit to enucleation or abscission of injured eye, but as he could distinguish between light and darkness, could not be persuaded to such a course until further evidence of failure in right eye developed.

March 13. As the right eye was rapidly growing worse he consented to the operation (preferring abscission to enucleation), which was made while he was under chloroform.

From the above date, and notwithstanding the operation, he suffered terribly for nearly four months with but few and short intermissions. He would suffer night and day for eight or nine days, and then have an abatement of the symptoms for two or three days, to be followed by the terrible pain; and so the paroxysms and remissions alternated, each paroxysm leaving his vision much worse, and in spite of mydriatics the iris was gradually contracting and becoming tightly glued to the capsule of the lens (synechia posterior) through the serous exudations. He suffered as above described until June 25, when an abatement took place and he left the hospital.

June 30. Tested his vision and found it equal to one-fifteenth,  $S. = \frac{1}{15}$ .

August 2. Again examined the patient, who says he has had no recurrence of the attacks, and found the pupil closed with a thin false membrane, which prevents an inspection of the fundus of the eye with the ophthalmoscope; nothing but the red reflection can be seen.  $S. = \frac{1}{15}$ .

The poor fellow being very anxious for something to be done to improve his vision, an iridectomy was attempted on the following day, but with only partial success, which was owing to the synechia posterior. After repeated efforts only a small portion of the pupillary margin of the iris could be seized, drawn out and excised.

He recovered in a few days from the operation and is now apparently well, with  $S. = \frac{1}{10}$ .

*Remarks.*—The above is a fair sample of sympathetic ophthalmia, one of the most insidious and dangerously destructive diseases to which the organ of vision is exposed. Indeed, it is well calculated to cast a gloom over the minds of both patient and physician and to suggest thoughts of suicide.

When we take into consideration the various troubles and lesion which may give rise to the disease spoken of, the wonder is that so many eyes escape.

Perforating ulcers of the cornea, with prolapse of the iris, severe contusions, internal inflammations or hemorrhages, foreign bodies, especially pieces of percussion caps, pieces of steel, glass, etc., wounds of sclerotic, especially in the region of the corpus ciliare,



with scissors or nails, etc., and one may add that any condition of things capable of giving rise to or setting up the glaucomatous process, all of these are liable to produce the disease of which we speak.

Wells reports a case which occurred in the practice of Mooren, wherein the disease was set up from contusion of the optic nerve in dividing it with scissors in excision of the eye. But how the contusion of a nerve of special sense could give rise to sympathetic ophthalmia is beyond our ken. Were no other tissues or nerves contused during the operation?

A majority of the older authors contended that the disease was propagated through the optic nerves. Many cases, however, could be brought forward which would conclusively show that such can not be the channel through which said propagation takes place.

Von Gräfe, Pagenstecher, and others report cases of atrophy and complete calcareous degeneration of optic nerve. And permit me to add that in the practice of Dr. Williams I have seen tumors *encroaching upon*, and one "myxomatous" tumor of the optic nerve. Another myxoma of optic nerve occurred in the practice of Dr. Hamilton, of Columbus, O., a report of which he kindly presented to Dr. Williams. Another is reported by Von Gräfe, in Vol. X., Archives fuer Oph. Two others are reported in the *Annals d. Oculistique*, for May and June, 1871. A neuro-matous tumor of the optic nerve is reported by Dr. Gross, in Vol. II., page 296, third edition of his work on Surgery, which occurred in the practice of Dr. J. A. Lidell, of Washington, D. C., which is said to have caused excessive pain. Many cases of glioma, sarcoma, melanosis, etc., which have been reported by the older and modern writers, could be quoted, and of which I intend to speak in a future communication. And in none of these cases did the disease in question follow.

That sympathetic ophthalmia is propagated through the ciliary nerves there can be little doubt. The writers who claim this "support their views by many clinical facts" (Wells).

Von Gräfe states that "when suppuration of the eye-ball occurs and the ciliary nerves are destroyed by it, there is no tendency to sympathetic ophthalmia. It is a well-known fact that the latter is never set up by eyes lost from general suppuration (panophthalmitis) as for instance after operations" (Wells).

It is also well known that Von Gräfe has frequently passed setons through the corpus ciliare for the purpose of causing such

suppuration to take place as a preventive against sympathetic ophthalmia.

Von Gräefe again states, "that the danger of sympathetic ophthalmia should never be considered as passed so long as the ciliary region of the injured eye or its stump remains sensitive to the touch, more especially if it is accompanied by diminished tension, for it is then a symptom of plastic cyclitis" (Wells).

We hope yet to learn much concerning the various functions of the trigemini, a better knowledge of which will, we think, aid us materially in the aetiology, not only of this, but of many other diseases which are now but little known.

The prognosis of this disease is unfavorable beyond description.

In the treatment of it prompt measures are called for. If possible we should never suffer the stage of irritation to give place to that of inflammation before resorting to enucleation; if we do, we will in most cases be too late.

The only certain course to be pursued in order to prevent the occurrence of the disease is as follows :

When we have a wound of, or foreign body in, or any condition of things (as before described) liable to give rise to sympathetic ophthalmia, we should get rid of the injured eye immediately, and more especially if it is already blind.

An abscission of the anterior portion of the globe will in most cases be sufficient, the incision being made behind the ciliary body, but enucleation is more certain, for the contraction and cicatrization of the stump in the former might possibly start an irritation in the trunk of one of the ciliary nerves, and light up the secondary trouble; while in the latter mode of procedure, all sources of irritation would be removed; and most authors agree in stating that they never heard of the disease having been set up after the removal of the injured eye, if such removal was accomplished before the inception of the disease in question.

Unfortunately we can not always impress upon the minds of our patients the importance of the measure, for I have noticed that no sooner does one urge it upon them than they immediately tell you that they begin to see much better, even though they have the faintest possible perception of light. After the above advice they frequently leave in disgust, thinking we simply wish to operate for our own gratification. They then frequently fall into the hands of some ass or "*eye oculist*," who gives them a bottle of "*eye drops*,"

which they use until hopelessly blind, when they return to you for the operation. I will further add that in the above condition they are frequently brought to the office from the railroad depot in an omnibus, and are shoved in without friends and with none but the driver as a guide, who leaves them on one's hands to do for them what one thinks best, which is to inform the poor unfortunates of the hopelessness of their cases, and to furnish them with an escort (as is frequently required) back from whence they came.

Another drawback against which we have to contend is the advice of many eminent authors, not to enucleate eyes which retain even the slightest possible degree of vision, for if suffered to run on without an operation, the blindness is usually more complete in the eye sympathetically than in the one primarily affected.

We should not suffer the above to have too much weight with us in forming our opinions as to the necessity of an operation, even though it comes from very eminent authorities. Is it not infinitely better to sacrifice an injured eye, though it retains the power of vision to a slight extent, than to leave it and run the risk of losing both? Many persons have I seen who are now almost totally blind, on whom the above reasoning was thrown away.

In conclusion, permit me to add, that if we continue to treat a patient laboring under this disease, and he becomes blind upon our hands, even though we urged the operation upon him before the sympathetic trouble commenced (and though he refused), still we may expect to be blamed by the patient or his friends (they do not usually blame themselves). Who treated you, is the question.

We should disregard all such murmurings, adopting as our "code of ethics," the one indispensable, "do unto others as you would be done unto;" then will we have cleared our skirts in the conscientious belief of having done our duty.



## Correspondence.

DUBLIN, IRELAND, *July 25, 1871.*

*Dear Doctor:* The "darling institutions" of Dublin, as Dr. Evory Kennedy styled them, are its lying-in hospitals, the two principal of which are the "Rotundo" and the "Coombe." The former is the oldest, largest, and best known—having been established in 1755—having at present an average of about one hundred deliveries a month; and having for a century been recognized as *the* great British Maternity, and one of the best obstetrical schools in the world. As Edinburgh has been styled the mother-city of American medicine, Dublin might equally claim the title of the mother-city of American midwifery. Though the Rotundo building is in many respects faulty in construction (as might be expected, since it is more than a hundred years old), yet the wards are airy, clean, and well ventilated. By restricting the number of lying-in women in any one ward to five as the maximum, each patient is secured at least 1,800 cubic feet of air, and by occupying in rotation the nine lying-in wards, ample time is obtained for the thorough cleaning, disinfecting, and refitting of each in the intervals of occupation. At no time during my residence here as an intern have I been able, either at night or in the daytime, to detect any hospital or puerperal odor in the wards, though possibly such odor may exist to a slight extent, for the low temperature and continual rains that we have had during this month have given me just enough of a "cold in my head" to impair somewhat, perhaps, the delicacy of my olfactory perceptions. The manner in which the free ventilation is secured is to some extent objectionable, since all the wards communicate freely with the corridors, and these with each other, so that by the very means adopted to insure an abundance of *fresh* air, *vitiating* air will, if present, be conveyed readily from one ward to another. If, as has been stated by Dr. Kennedy and others, metria has its habitat in this hospital, some system of ventilation ought to be adopted by which a free circulation of the outside air should be provided in each ward at the same time that the entrance of all hospital air was prevented. Either from the character and circumstances of the patients themselves, or as a

consequence of the long occupation of the wards in use, or as a resultant of the operation of both these and, perhaps, other causes, the death-rate of the Rotundo has been for years, and is now, lamentably high. During the first twenty-one days of the present month there were four deaths out of *fifty-eight* deliveries, or one in fourteen and one-half, and for the whole month the death-rate can not be less than one in twenty, if it is less than one in sixteen. Of the *four* deaths mentioned, *two* were from *peritonitis*, *one* from *metritis*, and *one* from *exhaustion* consequent upon post partum hemorrhage. In one of the four the delivery was effected by the forceps, and three of the four women were unmarried, a fact somewhat, perhaps, explaining the mortality. Two points in the management of labor here have particularly attracted my attention, as in both the practice is at variance with that of many of the best obstetricians of our own country. Firstly, the placenta is in all cases (unless actually adherent) *pressed out*, the expressing force applied over the fundus of the uterus being continued until the clean delivery is effected, and often exceeding what it would seem ought to be applied to an organ justly entitled to all the rest it can get, and not infrequently it is very likely becoming the positive and direct cause of uterine and peritoneal inflammations. Secondly, great stress is laid upon the application of the "*binder*," the smooth and very tight adjustment of which would seem to be a *sine qua non* of obstetrical attendance. One good work, among others, has been and is being accomplished by the Rotundo in the thorough educating of a body of midwives, and if similar training could be secured midwives in every American city it would be much to the benefit of both patients and doctors.

The Coombe Lying-in Hospital can be considered a "darling institution" only on account of its works, for it is situated in the oldest and one of the most wretched parts of the city, and its building is wholly unfit for the purposes for which it is now used, and ought to have been abandoned years ago. A small separate, admirably planned building has lately been erected, which, when completed, will be used as a puerperal fever hospital, and for outdoor dispensary purposes; and it is expected that a new lying-in hospital will be built worthy of the Coombe and its staff. At present the number of indoor deliveries is much less than that of the Rotundo, though its extern maternity presents a very large annual list.

At one of my visits at the Coombe I had the pleasure of seeing

a large vesico-vaginal fistula closed by Dr. Kidd, the well-known master of the hospital. The operation was skillfully done, but there were no special points of interest, either in the case itself or the method of operating, worth presenting you in detail.

Of the general hospitals of Dublin I need say but little, though I have visited nearly, if not quite, all of them; and here I may, perhaps, be pardoned if I make this letter so far personal as to take occasion to bear testimony to the great kindness and courtesy with which I have uniformly been received at the English, Scotch, and Irish hospitals, and any American physician will, I am sure, meet with a hearty welcome from the medical men whom he may meet on this side of "the water." The hospital buildings here are, in the main old, several very badly located, and the mortality in some can not but be very great. The medical and surgical attendance is the best that Dublin can give, and what many of the Dublin men are we all know perfectly well. Almost every one of the hospitals here, as at other large places in the kingdom, has its medical school, and though the number of students may be small, the character of the instruction in several of the schools is very high. Just now no lectures are going on, and the hospitals are undergoing their annual clearing out and cleaning up.

Several gentlemen whom I wished to hear lecture and see operate are taking their summer rest, but I was fortunate enough, on Saturday last, to see Mr. Hamilton remove a large fibro-cystic tumor of the lower jaw, disarticulation being effected on the left side, and the ramus sawn through on the right. Judging from the number of cases in hospital and specimens in the various museums, diseases of the jaws and aneurisms may be considered as it were endemic here, and I do not now think it strange that the Dublin surgeons have been able to contribute so largely to the literature of these affections, particularly that of aneurism.

One of the most interesting visits I have made here was that a few days since to the Lock Hospital for Women, where I met Mr. Morgan, and was shown by him a number of cases which were, to say the least of it, rather puzzling, and very unsettling to my belief in the "duality theory," much more so than any other cases previously seen. Mr. Morgan is an out and out disbeliever in the dualism of syphilis, though, as he told me, he was formerly so firm a believer that he had written and published six lectures in favor of the duality. On woman after woman I saw the cicatrices of ante-inoculations, and yet there were now present secondary



and tertiary affections resulting from the very infection, the pus from the primary sore of which was used in making the ante-inoculations. If it be or be not true of medicine in general that its theories travel in circles, it certainly seems to be somewhat so of syphilis.

From here I go to Paris, and will let you hear from me again if I see anything of very special interest. With kind regards,

I am yours truly,

P. S. CONNER.

*Similarity between Nocturnal Enuresis and Epilepsy.*—Dr. J. B. Bradbury, Physician to Addenbrooke's Hospital, Cambridge (*British Medical Journal*), says there is one point in connection with nocturnal enuresis which has interested him very much, and that is the close similarity between this affection and epilepsy; indeed, nocturnal enuresis might, without any great error, be called epilepsy of the bladder. The points in which the analogy holds are: 1st. Enuresis and epilepsy are both markedly hereditary, and one neurosis may be transformed into the other; patients who have had incontinence of urine in youth sometimes becoming epileptic after puberty. 2d. Both affections are influenced by the same system of nerves—the sympathetic, which may, under certain circumstances, induce spasm in the muscular fibers of the small arteries of the brain, as it does in the unstriated muscular fibers of the detrusor vesicæ muscle. 3d. Belladonna is of service in the treatment of both these affections, and probably acts by its influence on the sympathetic. 4th. Epilepsy may be either essential or due to reflex irritation, and so may nocturnal enuresis. He is of opinion that hydrate of chloral will be found useful in the treatment of some forms of this affection.

*Treatment of Enlarged Tonsils.*—Dr. Rumbold, St. Louis, Missouri (*Medical Archives*), has treated successfully a number of cases of enlarged tonsils by injecting the glands, by means of a hypodermic syringe, with a solution of iodine—iodine gr. ij. potass. iod. ʒ ij., aquæ ʒ j. Generally a slight inflammation followed the injection, but soon subsided. From twelve to seventeen injections—ordinarily two a week—were sufficient to reduce the gland to its normal condition. The advantage claimed for this mode of treatment was, saving the substance and function of the gland.

## Selections.

*The Hyposulphite of Soda in Variola.*—Some time since much interest and discussion were excited in the medical world by the investigations of Professor Polli, of Milan, as to the value of the sulphites, in the treatment of zymotic diseases. Experience has in part verified what theory anticipated, and the value of this line of treatment, we believe, has been demonstrated clearly in direct proportion to its use in this class of affections during the initial stage.

The sulphites, among their advocates, have nearly passed through that phase of professional opinion which at first elevates every new remedy to the rank of a "panacea," and then allows experience to determine its true value and real worth. Whatever may be revealed concerning their therapeutic value in the future, it is quite certain that in the whole range of materia medica there is nothing that acts so efficaciously in the amelioration or cure of that dread scourge, small-pox, as does sulphur in its various combinations, as sulphurous or hyposulphurous acid with an alkaline base, when administered during the premonitory fever.

If these observations shall be corroborated in the practice of others, the facts will be valuable not only as a guide to practice, but as, in a great measure, furnishing additional proof of the truth of the fermentation theory of variola and its cogeners.

It was the supposed identity of the process of fermentation outside the body, with the morbid process giving rise to that train of symptoms, and anatomical changes which we call in one case, "small-pox," in another, "measles," and in a third, "scarlatina," that led the learned professor at Milan to institute the experiments with the sulphites, knowing, as he did, their influence on common fermentation processes.

This "supposed identity," supported as it is by many common phenomena, and by a nearly common history, is rendered still more probable when a reagent is discovered, which exerts a specific influence in both cases, alike destroying each set of closely resembling phenomena.

The U. S. S. *Benicia* arrived in the harbor of Yokohama, Japan, November 22, 1870. At Yokohama, and at other prominent Japanese seaports, small-pox may be said to be *endemic*, occasionally prevailing among the foreign residents, and then assuming an epidemic form. It has so prevailed there during the past winter to an unusually severe extent, causing considerable mortality not only among the permanent foreign residents, but also among the English and French troops stationed there, and the merchant and nava shipping in port. We were destined to have our share, the first case occurring in a seaman on the 18th December, 1870.

The patient was at once separated from the rest of the crew, until arrangements could be made for transferring him to the general Hospital ashore, where the case proved confluent, and resulted fatally in a few days. Measures were at once taken to secure a suitable building for our own hospital purposes, and thus have our sick under the immediate care of our own medical officers.

A second case followed on Christmas day, and the disease gradually progressed until sixteen of the ship's company, including two wardroom officers, were "on the list." The cases were of more than average severity, four proving fatal. Of the latter all were confluent, three of the patients being men of intemperate habits, and the fourth, a negro, who died during convalescence from the disease, from a sudden attack of œdema of the lungs.

A large roomy dwelling-house, selected with excellent judgment by Surgeon H. C. Nelson, U. S. N., and situated on the bluffs to the rear of the city, had been secured as a temporary hospital, and thither the cases were transferred as fast as they declared themselves, beginning with the second.

On the occurrence of the third case it occurred to me to try the effects of the *bisulphite* of soda; but this drug could not be obtained. So, with the concurrence of Surgeon Nelson the *hyposulphite* was employed in drachm doses, and we had every reason to be gratified with the result. This treatment, used in the premonitory fever *only*, was commenced with the *fourth* case, and its effects carefully watched. They were those of an *alterative*, mild *hypnotic*, and *laxative*; its administration being in most cases followed by a subsidence of the fever, a tardy or incomplete development of the eruption, and relaxation of the bowels with watery stools. Upon the full development of the eruption the remedy was generally discontinued, and a supporting *régime* adopted, egg and brandy mixture, with easily digested food. The good effects of



the salt were generally manifest after the first dose; the patient losing the heat and dryness of the skin, expressing himself as much more comfortable, and passing a good night. In two or three of the cases the eruption was delayed from twelve to twenty-four hours after the usual time for its appearance, and in one patient the eruption consisted of irregular erythematous patches with successive crops of minute vesicles in the flexures of the limbs. The average duration of the first three cases (fatal) was six days. Of the cases that recovered one was *malignant*, the rest of all degrees of severity. Their average duration was *twenty days*.

What I particularly wish to have noted is the fact, that in direct proportion to the early and free use of the remedy, really harmless for evil while so potent for good, was the disease ameliorated and its average duration shortened, and this in an epidemic of more than usual severity.

It may be objected that the cases enumerated are too few to establish the value of the remedy. This is more than is claimed for the results given. My only object is to add a trifle to the evidence constantly accumulating in the columns of the various medical journals as to the value of sulphur and its lower combinations with oxygen in the treatment of zymoses, and to elicit, if possible, from the profession at large the results of wider observation and experience. (*Vide* note on topical use of Sodæ Sulphis in Erysipelas, by Dr. Addinell Hewson, Transactions Coll. Phys., Phila. 1867; also note on Sodæ Hyposulphis as a prophylactic in scarlatina, Dr. N. L. North. Aitken's Practice, Am. Ed., page 318.)

Theorizing upon the *modus operandi* of drugs in the modifying of disease, is, for the most part, idle work with the knowledge we now possess, but if the above-named agents exercise so defined and specific an effect on organic germs *without* the body, certainly a partial experience, if favorable, should induce their further trial in disease.—*William A. Corwin, M. D.*

*A Simple Dressing for Fracture of the Clavicle.*—Dr. Lewis A. Sayre, of New York (*Am. Practitioner*), has finally reduced the treatment of this fracture to *two strips of adhesive plaster, without any axillary pad*; and as such he now gives it to the profession as the simplest and most efficacious plan yet devised.

His method of keeping the inner portion of the clavicle from riding over the outer portion, is *by putting the clavicular*

portion of the *pectoralis major muscle* on the stretch, and compelling it to pull the clavicle in place, and thus overcome the tendency of the clavicular portion of the sterno-cleido-mastoid to elevate it, which it will always do unless this precaution is taken. After drawing the arm backward and retaining it there by a strip of adhesive plaster, pass another piece of plaster from the *well shoulder* across the back, and by pressing the elbow well forward and inward, the first plaster around the middle of the arm is made to act as a *fulcrum*, and the shoulder is necessarily carried *upward, outward, and backward*; and the plaster, being carried over the elbow and fore-arm (which is flexed across the chest) to the opposite shoulder, the place of starting, and then secured by pins or stitches, permanently retains the parts in position.

Dr. Sayre formerly commenced the first plaster on the inner side of the biceps; but he found that that muscle would roll around and the plaster would lose its hold, requiring to be renewed occasionally; and if it completely encircled the arm for the purpose of a stronger attachment, it would arrest the circulation, and then prove dangerous. He uses strong and good adhesive plaster (Maw's moleskin is the best) cut into two strips, three to four inches wide (narrower for children). By this plan of treatment the patient is only detained from his daily avocation a sufficient length of time to properly adjust the strips of adhesive plaster.

In one instance a prominent lawyer of New York City slipped upon the ice and fractured his clavicle on the way down-town. He was brought to his office. Dr. Sayre dressed him in the manner described at 9 A.M., and before 11 he was pleading his case in the open court. A blacksmith was brought to his office with a fracture of the left clavicle. He dressed it, and in less than an hour the patient was again working at the forge with his other arm, and continued his labor without interruption. In both cases the union was perfect and without *any* deformity. In closing, Dr. Sayre could multiply these cases by many similar ones, and he therefore feels quite confident that if any surgeon will follow the plan suggested, he will have equally good results.

*Hydrate of Chloral in Delirium Tremens.*—Having served recently at the Work-house on Blackwell's Island, where a considerable number of cases of delirium tremens are constantly being sent for treatment, I improved the opportunity thus presented of testing the comparative values of hydrate of chloral, bromide of potassium, and sulphate of morphia in this disease.

To be sure of the doses given, I weighed the salts carefully and prepared the solutions myself. Of the hydrate of chloral the strength of the solution was 60 grains to the ounce of water. I made it well diluted purposely, as a strong solution is excessively irritating.

The cases to be treated were divisible into two distinct classes. The first class comprised those who, having been used to considerable alcoholic stimulus either habitually or at times, were attacked with delirium tremens from a few days to a week after admission, on account of the withdrawal from use of their accustomed stimulus.

The second class of cases was to be found amongst those sent here to be treated especially for their delirium tremens. They were inveterate drunkards, and had been attacked with this complaint during or immediately after a long debauch. It is this class of cases in which it is most difficult to produce sleep and appetite, and in which dangerous complications are most apt to arise.

Bromide of potassium was given at first to many cases of both classes. Under the use of 60 grains given every two hours, the patients of the first class would become quiet, go to sleep, take nourishment, and hallucinations would usually pass away within from 24 to 48 hours. Hydrate of chloral produced sleep much more quickly, for which a dose given every two hours of 30 grains was usually sufficient. My own impression, however, is that it does not remove the nervousness as efficiently as the bromide.

In the second class of cases delay in producing sleep has even proved fatal. While trying to get the patient quiet and asleep under use of bromide or sulphate of morphine, he is attacked with pneumonia or uremia and dies. With this second class of cases I have given as high as 120 grains of bromide every two hours for two days without producing sleep, and I believe it to be impossible to get them quiet by this means with a safe dose. Sulphate of morphia I have also given in very large doses by hypodermic injection, and though more efficient than the bromide it requires to be given in larger doses than are always safe.

Those of this second class of cases which I treated with hydrate of chloral, in sufficient doses to produce sleep at once, recovered in the shortest time. In obstinate cases a dose of 60 grains of hydrate of chloral was given, but other cases required 90 grains; in no case more. In less than two hours the patient usually went to sleep, and slept from four to five hours; and on awakening



another dose of 60 grains was given with liquid food, milk, or beef-tea. The patient would then go to asleep again, and on awakening the second time would probably be free from hallucinations and take food with relish. During convalescence the bromide was frequently substituted for chloral, with good results. In many cases I gave the chloral after the ineffectual use of both bromide and morphine, with success; and in one instance succeeded with 90 grains of chloral in producing sleep, when I had given the bromide for 48 hours previously, in doses of 120 grains repeated every two hours. In no case have I observed any serious symptoms in consequence of the larger dose of chloral mentioned, but believe it should be given cautiously. Smaller doses often repeated do not have the effect of larger doses.

I believe that too much care can not be taken in protecting the patient from irregularities of temperature. The sooner we get the patient to sleep and quiet the less liable he is to be attacked with complications. The blood and kidneys are already in such a condition, that the slightest cause will produce pneumonia, uremia, or other troubles. We should be constantly looking for them and guarding against them. The pneumonia accompanying delirium tremens is the more dangerous since it is most likely to attack two or more lobes, and is apt to be often overlooked by the physician on account of no accompanying cough.

Out of 40 cases treated by various methods as above stated 5 died. Post-mortems were made on 4 out of 5 deaths. Of these four, three had pneumonia (one with pachymeningitis and pneumonia) and one had uremia (acute congestion of kidneys and albuminuria), etc. Pneumonia was diagnosed in the case in which no post-mortem examination was made, so that four out of the five cases which died had pneumonia; out of the three cases in which pneumonia was found in post-mortem examination, in two cases the pneumonia was found to have involved two or more lobes. In two cases also out of three, fibrinous clots of the heart were found.—*Aug. C. Kinney, M. D., House Surgeon, Charity Hospital, N. Y.*

## Editorial.

*Was it Murder?*—It is certainly quite time that the medical profession gave some systematic attention to the study of medical jurisprudence. It should be incorporated into the curriculum of schools, and the members of the profession everywhere should give it attention. Something more than the impulse of occasion—the study of isolated cases—is demanded to preserve our self-respect and influence as an intelligent body. We have all seen how frequently of late the community has been startled by sensational accounts of mysterious death—in many of which the popular taste for extravagance has been steadily pandered to—and thrilling surmises of subtle poisoning, slow poisoning, and all the devilish arts supposed to be “Borgian,” have been detailed, dwelt upon, and drawn out with a minuteness that would seem to have some real relation with facts. In the tragedies, real and supposed—the accounts of which fill the secular papers—we regret to see so many of our brethren, here and there, entering into this spirit of the sensational, rather than lending scientific soberness as a contribution to social quiet. We trust it is only a manifestation of uncultured human nature, and not an itching for notoriety as medical experts.

There is undoubtedly enough undiscovered murder in the world without accepting unproven surmises. Only think of the “slaughter of the innocents” that the industry of our profession has made morally evident, but does not arrest; and notwithstanding the old adage, we are very sure that a multitude of murders have never been unearthed; probably multitudes have apparently died a natural death, and yet have been the victims of interested relatives—quietly dispatched for various reasons and by various means.

Recently a gentleman in good social standing in a neighboring state has been arrested for the murder of a first wife, both lust and money being charged as the incentives. Having improper relations with another woman, he effects an insurance upon his wife’s life, poisons her, secures the money, and marries the object of his guilty passion. The Wharton case, and the Buffenbarger case, have filled a large space in the sensational items of the daily

papers, and promise to become famous among the *causas celebres* of criminal proceedings. Several of these cases, as, for example, the Buffenbarger case, are now passing through the courts, and inasmuch as the testimony thus far is very incomplete and meager, it seems to us out of place and indelicate to express any opinion; just enough has come into the knowledge of the public simply to make room for sensational medical articles, just as the newspapers have taken occasion to make sensational reports. We therefore feel it the proper place of proper medical journalists, at this stage, to refrain. One or two questions, however, naturally arise in this connection, are there any medicines which may be so administered that the results will be fatal, and yet not appreciable to the ordinary sense. Arsenic has been used for such criminal purpose, and an old hag who vended *aqua toffana* confessed that by its agency she had destroyed six hundred persons; and while the experience of chemists and toxicologists is, that even small but frequently repeated doses of arsenic produce a chronic poisoning, yet we have the singular statement made that it is usual with the peasants of Syria to acquire the habit of arsenic-eating for cosmetic and healthful purposes with impunity. The two experiences are so contradictory that we find it difficult to harmonize them.

On the other hand, as in the Wharton murders, poisons have been selected that do their deadly work with so small a dose as to partially defy detection, and thus screen the criminal. This suggests the wonderful diabolism revealed in the trial of the celebrated Count Bocame case, in which nicotine was the poison selected. In many of these cases the ingenuity of the murderer has frequently overdone itself. But, as we have said, there is no doubt but a vast number of deaths by foul means have never yet been suspected; and if murder is really becoming one of the fine arts, we repeat, as we suggested at the outset of this article, that there is an increased necessity that our profession make itself thoroughly familiar with the principles of medical jurisprudence. It can not be expected that every practitioner will hold himself in readiness to make toxicological tests for suspected poison, but he should so intelligently understand these principles that he may correctly guide to the detection on the one hand, or on the other, judiciously calm the unreasonable excitement and unfounded suspicion of his community.



*The Medical College of Ohio.*—We have received the annual announcement of this old institution. It is very handsomely printed, and contains a complete list of the alumni of the college. Its fifty years of existence has been a singularly checkered one; some of the ablest men of the country have from time to time been connected with its history. Occupying a position, geographical and professional, of peculiar advantage, it ought to have the largest class, the best library, the completest cabinets, the best building in the country, and yet, with attractive teaching ability, it has allowed a half century to pass away with none of these things accomplished. Its 1,600 alumni can not but regard this result with sadness.

With the death of Blackman came a necessity for some changes. In surgery, Dr. W. W. Dawson succeeds to the vacancy. Dr. Dawson was formerly in the school as Professor of Anatomy, and gave good satisfaction as a teacher; he has grown into a fine position as a surgeon in our city; has held a place on the staff of the hospital; is well known in our state, and we simply repeat, as we said last month, he is the very best man the trustees of the college could have elected.

The Obstetrical Chair is divided: Professor Palmer retains Diseases of Women and Children, and Dr. Thad. A Reamy is elected to Obstetrics proper. Dr. Reamy is a newcomer among us, but is well known in Ohio; he has occupied a chair in Starling College for two winters past, and as he comes to his new position with a good record, we doubt not he will work to sustain it.

*Clinical Instruction in Cincinnati.*—We desire to correct a misapprehension on the part of our friends who are looking to Cincinnati for medical instruction this winter. There is expressed a fear that the recent changes in the complexion of the Cincinnati Hospital may affect clinical advantages and instruction. Not at all. There will be several changes in the staff, and several clinicians, who were always listened to with delight and instruction by the classes, will be replaced by new men; but the displaced members can be heard at their respective colleges, and in all other respects the clinics will proceed as usual.

We are also authorized to make another statement. The staff of Good Samaritan Hospital has been reorganized, and its plan liberalized; students of either of the regular schools will be admitted to its clinics. Thus, a "Miami" student can, if he desires,

take the ticket of that hospital, and the didactic instruction will be so arranged as to conflict as little as possible with all these advantages. Clinical opportunities, therefore, will be rather extended than restricted this winter. Besides all this, at the *Miami College* there is being cultivated a very instructive Dispensary Clinic of outdoor patients. In the eye department alone Professor Williams has from twenty to fifty patients daily.

*The Clinic* is the title of a new medical journal in this city. It is published every Saturday, by Dr. James T. Whittaker, for \$2 a year. There is room for a weekly medical journal in the west, and we commend the enterprise exhibited in this attempt to fill the want. The two numbers which have come to hand are handsomely printed on good paper. The contributions, thus far, do not come up to our notion of a weekly, or of what we had expected from the gentlemen who immediately control its editorial management. It is quite on the sensational order in its topics, and seems, in rather a large degree, to represent or present the brain work of a select and chosen circle. In due time, however, we presume the *Clinic* will grow out of these objectionable qualities; but, whether or no, we welcome it to the family of medical journals, and its editors to the fraternity.

*Dr. Muscroft* desires us to say to *borrowers of books*, that some one has borrowed his bound volume of Braithwaite, for 1857, and neglected to return it. He hopes this modest hint will be sufficient. Which reminds us that we have loaned *Part LXI.* of our set of Braithwaite to some friend, and will be obliged for its return.

*Dr. W. K. Perrine* has removed to Minnesota. We trust the doctor will find health and abundant success in his new home.

*Blackman Testimonial Fund.*—Drs. M. B. Wright, E. B. Stevens, and W. W. Dawson, have been designated to receive donations to a fund for the relief of the family of Prof. Blackman. Such of the old pupils, friends and admirers of Blackman, as favor this movement, may forward to either of the above-named committee.

*The Cholera.*—All the recent accounts from Europe, make it clear that the Asiatic Cholera, starting from its old home, is marching westward, much after the same order as in the past. Its mortality

is not very different from the past. In Russian cities, where it has appeared thus far, the mortality is about 40 to 50 per cent. In all ordinary probability, and, despite all quarantine precautions, we may expect a visit in 1872.

We are pleased to observe that already the health authorities in the principal American cities are taking measures to anticipate the visit. One or two things should never be forgotten: We have always had cholera upon us by surprise—we are never ready—and despite warning upon warning, we indulge in irregular habits of living, of eating and drinking, up to the first alarm. The first appearance of cholera among us has always been among the residents of crowded and filthy tenements, and finally its virulence rapidly diminishes either from exhaustion of itself or habits of the people. These several points are of importance, and very materially indicate the directions of preparation. The fact of a supposed case or so in Paris, London, or New York, need be no particular cause of present excitement or alarm; such has been the case pretty uniformly year after year even in the absence of an epidemic. The main thing is to thoroughly cleanse our cities—break up the local sources of infection; see to it as individuals that our own premises, our cellars, yards, privies are all free from filth; see to it that personally we are correct in our habits, regular in diet, temperate, clean, and beyond this we may patiently wait, but with a reasonable assurance of more than comparative safety.

*The Cincinnati College of Medicine.*—The faculty of this institution has just undergone some reconstruction. Dr. Chas. F. Thomas, of Covington, is elected to the Chair of Surgery, to fill the vacancy caused by the resignation of Dr. Young; Dr. Buckner is transferred to Ophthalmology, in place of Dr. Taliaferro, deceased; and Dr. Fred. P. Anderson, who graduated with much credit at the Miami College last spring, is elected to the Chair of Physiology.

*Half Yearly Abstract of the Medical Sciences*, July, 1871; *Braithwaite's Retrospect of Practical Medicine and Surgery*, Part LXIII.—We have received these standard publications, for July. They are too well known to require anything more than the assurance that they each contain their usual careful culling of recent medical matter. The *Abstract* is reprinted by Mr. Lea, of Phila-



delphia, at \$2.50 a year, or the *American Journal and Abstract*, for \$6.00. Townsend & Adams, of New York, reprint Braithwaite, at \$2.50 a year.

*The Military Tract Medical Reporter*, is the title of a new medical journal, which will commence its existence about this time. It will be conducted by our friends Drs. L. S. and C. A. Lambert, at Galesburg, Illinois. These gentlemen have the snap to get out a readable journal. We impatiently await the first number.

*Minutes of the Twenty-Second Annual Meeting of the American Medical Association*, San Francisco, May 3d, 4th, 5th and 6th, 1871. The Secretary has issued a corrected edition, in advance, which may be had by sending twenty-five cents to W. B. Atkinson, Philadelphia.

*Cundurango*. Some time since we made brief allusion to this alleged new remedy for cancer. We had so little confidence in the "cure" that we did not dwell upon its merits. We take from the *Boston Medical and Surgical Journal* the following, which we think very fairly exhibits the present status of cundurango.

In a recent number of the *Journal*, we chronicled the appearance on the medical stage of a supposed new remedy, with the suggestion expressed by Dr. Bliss that he had discovered a means of curing several diseases hitherto considered the opprobria of the profession. At that time we expressed, in a conservative way, our fear that the diseases which had apparently yielded to cundurango had been mistaken, and the effect of the drug over-estimated. Still later, we copied the analysis given of cundurango by Dr. Antisell, of Washington, which made it apparent that the drug owed its efficacy, if it has any, to a resin which makes 2.7 parts in 80 of the vegetable matter, and again expressed our skepticism in reference to its active value. Once more, in order that the profession might have all the light we were able to gather on the subject, we copied from the *New York Medical Record* Dr. Bliss' incomplete report of cases treated by cundurango.

To say that the article, fathered in a manner so unprecedented by the Department of State, will do good, will cure cancer, syphilis and other human ills, would be reaching a conclusion for which we have no premises. A thousand scientific and careful physicians stand ready to test the remedy so soon as it is placed in

their hands. The conclusion from the evidence thus far received certainly adds to our skepticism regarding its virtues.

The *National Medical Journal*, having first announced the reception of cundurango in Washington, continues its history in the August number. By this it appears that the Editors have been unsuccessful in obtaining for publication two reports on the subject, now on file in the archives of the Department of State. Notwithstanding their failure, they have learned, through unofficial sources, that both reports are unfavorable; in both instances the patients (two) have died.

We can not help regretting that Dr. Bliss has taken the means he has of trumpeting the virtues of the drug throughout the land, by circular and the public press, without making those careful experiments which the case demands. Whatever may be the virtues of cundurango, he has placed in the hands of the veriest charlatans a tool which they are already using to their own aggrandizement and to the detriment of legitimate medicine and the public welfare. The following extract from the *National Medical Journal* gives the result of *one* of Dr. Bliss' cases; three others of the six cases on whom the remedy has been tried have died; the others have thus far survived the remedy, and Dr. B. believes they are improving.

"The third case (second in order of sequence) was that of Mrs. Handy, residing on M street, in this city (Washington). 'This,' he says, 'was a highly typical and fearfully advanced case of *cancer uteri*.' Treatment began May 31st. The Dr. says, 'a regular record has been kept from day to day, describing the least change of symptoms,' and adds, 'even in this extreme case, the beneficial effects of this wonderful remedial agent have been most apparent.' In connection with this case, we lay before our readers the following letter:—

"WASHINGTON, July 22, 1871.

"DR. J. H. THOMPSON—*Dear Sir*: In compliance with the request of the committee of which you are chairman, I submit the following report of a case of cancer of the uterus, which passed from my charge to that of Dr. D. W. Bliss, by whom it was treated with cundurango:

"On the 30th of April last, I was called to Mrs. H., who, I was informed, was suffering from cancer. Examination with the speculum showed an ulcerated cancer of the cervix uteri, from which an offensive and somewhat sanguineous discharge proceeded.

The most troublesome symptom complained of, however, was constant pain in the lumbar region, fearfully aggravated by the movements of the bowels. The patient was able to walk about her room, but was never entirely free from pain, except when under the influence of opium.

"The correctness of the *diagnosis* in this case is verified by Drs. Lincoln, Johnson, and others, which obviates the necessity of further consideration at this time.

"The *prognosis* given was, of course, unfavorable.

"The treatment was altogether palliative. Opium was administered to mitigate suffering; carbolic acid in solution to correct the offensive odor from the discharge; and mild saline laxatives to procure, as far as possible, easy action of the bowels.

"On the 16th of May, Mrs. H. informed me she had sent for Dr. Bliss, who, she had been informed, was using the cundurango with success in the treatment of cancer.

"I was informed by the sister of Mrs. H. that this remedy was administered for more than two weeks, and while Mrs. H. was taking it she *seemed* to be better. Parties outside of the family have told me, however, that she did not improve in the least, only seeming a little more cheerful at the prospect of relief from the use of the new remedy. When Mrs. H. was informed that the supply which the Dr. had was exhausted, her courage failed, and she rapidly sank, and died on the 2d of July.

"Your obedient servant,

"THOMAS C. SMITH, M. D."

Dr. Garnett, of Washington, in the *Richmond and Louisville Medical Journal* for August, calls attention to the fact that the virtues claimed for cundurango can only be due to the *insoluble resin* shown by the analysis of Dr. Antisell; whereas the decoction or infusion of the drug is directed to be used in the treatment of cancer. Referring to the report of Dr. Norris, made to Surgeon-General Barnes, he says:

"Although the case selected for experiment by him presented all the conditions required for a fair test of its merits, it utterly failed to arrest the progress of the disease, or in any decided manner to modify its character or mitigate the suffering of the patient. The case terminated fatally at the expiration of five weeks from the commencement of this treatment, notwithstanding its uninterrupted administration during that period. I will here add, that exactly similar results followed in another case which was treated



in New York with the cundurango, under instructions from the Surgeon-General. \* \* \* \* \*

"I am also indebted to the gentlemanly assistant, to the chief of the Bureau of Medicine and Surgery, United States Navy, for the privilege of perusing a lengthy communication upon the subject of cundurango, made to that bureau by the accomplished pharmacist, Dr. E. R. Squibb, of Brooklyn, in which he very clearly exhibits his entire want of confidence in its merits as a cure for cancer, and classifies it with the numerous empirical agents which have, from time to time, heretofore agitated the public mind and disappointed the hopes and expectations of so many unfortunate victims of this terrible malady. I omitted to mention that two other cases of cancer were treated with the cundurango by a medical officer of the army in this city, but with no favorable results.

"In view of these facts, together with others equally impressive which might be stated, I am irresistibly forced to the conclusion that the cundurango possesses no value whatever as a remedial agent in the treatment of cancer; that it is capable, indeed, of doing indirect injury by disturbing the functions of the stomach and impairing nutrition; that, so far as I have been able to learn, not a single well-authenticated case of cancer has been cured by its use; that I will venture to affirm there is not a physician whose integrity and veracity can be relied upon, here or elsewhere, who will declare that he has cured a case of cancer by the use of the cundurango, and that he is prepared to prove it by exhibiting his patient to the test of competent medical judges."

*The Association of Medical Superintendents of American Institutions for the Insane, have adopted the following :*

*Resolved,* That in view of the frequency of mental disorders among all classes and descriptions of people, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important, it is the unanimous opinion of this association that in every school conferring medical degrees, there should be delivered, by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

*Resolved,* That these courses of lectures should be delivered before all the students attending these schools; and that no one shall

be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

*Resolved*, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity and effects of treatment, it should in no way be detrimental to the patients.

*Resolved*, That a copy of these resolutions be sent by the Secretary of the American Medical Association, the Dominion Association, and Ontario Association, of Canada, to each State Medical Society, and each Medical College in the United States and British Provinces.

Extract from the Minutes.

JOHN CURWEN, *Secretary*.

*Pinus Canadensis*.—A new astringent is being presented in the form of a concentrated Extract of the *Pinus Canadensis*. The preparation placed on the market is prepared by Mr. Kennedy, of Johnstown, New York.

Dr. Marion Sims, of New York, has been using it as a local application for various affections of the os, uteri, and vagina, and speaks as follows in a recent article addressed to the *New York Medical Gazette*:

"I have but a limited experience with this new Extract of *Pinus Canadensis*, but I am so well satisfied with its value that I am anxious to call the attention of the profession to it. I have used it for about eight months in some affections of the rectum, vagina and cervix uteri; I have used it, considerably diluted, as a vaginal wash, with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine, or glycerine and rose-water. Thus applied, it should remain intact for two or three, or even four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days that had resisted the ordinary remedies for weeks; and I have seen granular erosions, with leucorrhea, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our *materia medica*."

In addition to its adaptability to these local affections, its astringent properties commend it as a valuable remedy in the treatment of dysenteric attacks and diarrhea.

"*Rise to Explain.*"—A short time since we met our genial friend, Dr. John L. Neilson, U. S. N., on our streets. He explained that he had business "detailing" him to Cincinnati for some time. The following additional completes the explanation:

"NEILSON—CHARLESWORTH.—At the residence of the bride's parents, Madison, Indiana, on Thursday, August 24, by Rev. Thos. L. Franklin, rector of Christ's Church, Dr. John L. Neilson, U. S. N., to Miss Emma E. Charlesworth, daughter of Samuel C. Charlesworth, Esq.

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*Electricity in Cancer.*—The London Correspondent of the *American Practitioner* recently heard at the Clinical Society the description of a case of encephaloid of the femur treated with electricity. The pain had gone beyond the control of morphine up to twenty-four grains per diem hypodermically, and enormous quantities of chloral. The continued current was based upon it, with the effect of destroying the pain and lessening the tumor somewhat, but death ultimately followed. Fourteen cases of cancer were also referred to by Althaus in which the remedy had been used. In all of them pain was destroyed; in two the tumor disappeared; in the remainder the disease progressed to death. The two successful cases were in the breast; the others were advanced cancers of the womb. These are unpublished cases. Althaus' apparatus consists of a gilt needle for introducing the continued current, or, when the tumor is large, a number of them joined to one wire. The theory is (partly at least), that a caustic alkali is set free or formed interstitially. Twenty-five applications were used in one of the successful cases. During the treatment the patients experienced no inconvenience; attended as usual to their daily work and pleasure. He says that Althaus has a broad high forehead with a large, open face, lighted up with intelligence. With the most varied information on all subjects he is as modest as a child.



## Reviews and Notices.

*A Treatise on Diseases of the Nervous System.* By WM. A. HAMMOND, M. D. With Forty-five Illustrations. "*Est quoddam prodire tums, si non datur ultra.*"—Hor. New York: D. Appleton & Co., 549 and 551 Broadway. 1871.

There are some features in Dr. Hammond's new book that will make it attractive to most of its readers. It is captivating in its style—as, indeed, most that our author writes is of this character. Then too, certainly, it may be termed a *positive* book. Most of us like to lean on authority, and we are correspondingly apt to impress others when we speak, without doubt, and leave no room for dispute. Indeed, Dr. Hammond seems to rather pride himself on this feature. In his preface he claims that the work "rests to a great extent on his own observation and experience. \* \* I have views of my own on every disease considered, and have not hesitated to express them."

After a concise prefatory chapter explaining the various instruments employed in the study and treatment of nervous diseases, we have the body of the work arranged in a clear and systematic manner. There is, however, one peculiarity that may confuse without explanation: diseases, for the most part, are designated by *lesions*. Thus you will not find any chapter on apoplexy, but this condition is considered under various heads, as cerebral congestion, etc. We have, however, in regular consecutive order, diseases of the brain, diseases of the spinal cord, cerebro-spinal diseases, diseases of nerve cells, diseases of peripheral nerves. This order will indicate pretty well the plan of the work.

We have alluded to the *positive* tone of our author—this is very manifest in his diagnosis. The careful observer is scarcely expected, for example, to err in his diagnosis of the several diseases of the cerebro-spinal tract, in Section III, and he lays down the rules for distinguishing them with wonderful absoluteness. We have the same spirit of positism in the field of pathology and therapeutics. In a word, there is an implication of infallibility that while it will surely impress many readers, as it probably does many patients, is simply amusing to the more conservative practitioner,

who has lived to see many fond theories of pathology and therapeutics evaporate to airy nothings.

It is well known that Dr. Hammond in his private practice relies greatly on electricity. In his present work, therefore, we are not disappointed in seeing that three-fourths of the nervous conditions considered are to be treated by the galvanic current. By the proper use of the current we have an efficient means for the regulation of the diameter of the blood vessels; we may contract the cerebral blood vessels by passing the current directly through the brain; we may even (according to our authority) *see* the contraction of the retinal vessels while the current is acting, by the use of the ophthalmoscope!

Or, take epilepsy. It is with the same positive claim that this disease is pronounced either a state of congestion or anemia, and we are assured accordingly, that as we have one or the other extreme, the bromides, or the primary current, or strychnia will improve or cure the great majority of cases.

The chapters on insanity are interesting, perhaps we should say satisfactory.

We make these rather surface criticisms of Dr. Hammond's work, not from a captious spirit (we have not had time to read it with minuteness), but the points we make will appear to most careful readers, and we are very confident that the practitioner who confides in this work, especially in its confident therapeutics, will be mistaken. Still it affords a vast amount of information, is captivating, and worth reading.

There are forty-five illustrations. Some of them are well executed and appropriate, some are very moderate; but altogether the execution of the work is attractive.

Exactly the propriety of announcing that Vol. IV of Flint's Physiology, now in course of preparation, and the present work, together afford a complete treatise on the physiology and pathology of the nervous system, does not very clearly impress us.

For sale by Robert Clarke & Co., Price,

*A Manual of Midwifery*, including the signs and symptoms of pregnancy, obstetric operations, diseases of the puerperal state, etc., etc. By ALFRED MEADOWS, M. D. Lond., etc., etc. First American from the second London edition. With illustrations. Philadelphia: Lindsay & Blakiston, 1871.

The title page of Dr. Meadows' book very sufficiently indicates

the plan he has pursued in the consideration of his topics. It will especially commend itself to the busy practitioner, in that the author has systematically condensed the whole subject of midwifery, obstetric operations, and puerperal diseases within a very limited compass, so that for convenience of hasty consultation, it really is what it proposes to be—a manual. The style is readable, and the arrangement of subjects natural and convenient. The first edition was well received in England, and the author has evidently been stimulated to revise the present with care; there is added some important topics not treated in the first edition, and in this a large number of very good wood cut engravings. Many doctors desire to have a medium sized work on midwifery, and to all such we commend Dr. Meadows.

For sale by Robert Clarke & Co., Price, \$3.00.

*On some Disorders of the Nervous System in Childhood: Being the Lumleian Lectures, delivered at the Royal College of Physicians of London, in March, 1871. By CHARLES WEST, M. D., etc., etc. Philadelphia: Henry C. Lea, 1871.*

This little brochure contains *three lectures*: 1. Neuralgia and epilepsy; II. Chorea and paralysis; III. Disorders, etc., of speech, mental and moral peculiarities, etc. These lectures consider these peculiar affections as they pertain to children, and have the usual ability that belongs to whatever Dr. West contributes to the literature of medicine. As an author and practitioner he is too well known to require praise, and these lectures, making only a little handbook of 130 pages, sustain the repute of the larger works.

*The Treatment of Women's and Children's Diseases according to the Vienna Medical School, with prescriptions. By EMIL DILLNBERGER. Translated from the second German edition by Patrick Nicol, M. B. Philadelphia: Lindsay and Blakiston, 1871.*

This little book will be found exceedingly convenient to the busy practitioner for a variety of reasons, but, particularly, it does not deal with the nature of diseases, it rather takes it for granted that the reader is properly familiar with them, and proceeds at once to detail the therapeutics. Thus we have instructions for the management of an abortion; for cauterizing the vagina; various formula for dysmenorrhea and other irregularities of the menstrual discharge, and, in like manner, the *treatment* of the ordinary dis-



eases of women and children is detailed with considerable minuteness. In many cases the American practitioner will find things opposed to our notions and plans of therapeutics, but they will be suggestive to him and excite him to thinking.

For sale by Robert Clarke & Co., Price,

*The Physician's Prescription Book.* This little hand-book, by Dr. Pereira, of doses, formula, terms, phrases, etc., peculiar to the art of prescribing and dispensing, has passed to its fifteenth edition, and can scarcely be further subjected to criticism. Published by Lindsay and Blakiston, and for sale by Robert Clarke & Co.

*The Eye in Health and Disease.* By B. JOY JEFFRIES, A. M., M. D., etc., etc.

This is a little brochure containing one hundred and nineteen pages octavo and thirty illustrations. The major part of this work formerly appeared in a "series of Articles on the Eye and its Diseases" in one of the Boston literary journals, and was intended for the "laity," but at the request of the publishers they were "re-read and several additions made" by the author, who is of the opinion "that they will present many new and interesting points to the medical profession."

To those who have perused such works as Stelwag, Wells, etc., this little book furnishes no information, but to those who have read nothing more recent than Mackenzie it is quite valuable. We believe the publishers have made a great mistake in making an octavo of it. Why not make a 16mo., so that one could put it in one's pocket, to be read while engaged in obstetrics.

Small and brief as it is, it will accomplish good by causing a desire on the part of the reader to procure writings more extensive.

Published by Alexander Moore, No. 2 Hamilton Place, Boston, Mass. Price, \$1.50. Mailed free on receipt of price. T.

THE CINCINNATI

# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—OCTOBER, 1871—No. 10.

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## Original Communications.

### *Art. I.—Case of Removal of both Superior Maxillary Bones.*

By W. H. MUSSEY, M. D., Prof. of Surgery in the Miami Medical College.

The subject of the operation is Andrew Mayhew, colored, 36 years of age, formerly of Clarksville, Tenn.

In 1854 he received a blow upon the left superior maxilla, which caused a fracture; necroses resulted and many pieces of bone were discharged from near the outer canthus of the eye. In 1855 a tumor as large as a hen's egg appeared in hard palate, which was cut out by Dr. McKinney, of Clarksville. In 1861 a tumor of the size "of a walnut" was observed directly under the molar bone; in five years it had increased to the size of a "hen's egg." One day, whilst working, was struck by a barrel directly upon the tumor, which was followed by great suffering, lasting five weeks, then there was noticed a swelling of the roof of the mouth, which gradually increased till in October, 1870. I had the photographs taken which I now exhibit. The whole of the left maxilla was

involved, and in the right anterior nares was noticed a large development.

October 26. After etherizing the patient I made an incision from the inner angle of the eye down to the ala of the nose and along the upper lip to its center, and down through its margin, reflecting the flap outwardly; then I passed a saw through what remained of the alveolus at the point of the left central incisor; the mass was seized and depressed into the mouth and enucleated. I then attempted to enucleate from the antrum of the right side the remaining portion of the tumor; this resulted in removing the larger portion of the right maxilla, as the walls of this bone had almost entirely disappeared, there being only a thin wall of the alveolus remaining, two molar teeth remained in the deossified alveolus, which dropped down the throat, nearly producing strangulation; I seized the inner angle and stitched it up to a portion of the membrane from which the tumor of right side was detached. The integument was united with the interrupted suture.

There was considerable hemorrhage, which was controlled with ice and iced water. After the patient was removed to his bed there was still too much oozing of blood. To stop it, iced water was injected, and a bladder containing pounded ice was applied over the left side of the face. After two hours there was no bleeding. Morp. sul.,  $\frac{1}{4}$  grain, ammonia carb., 5 grains, whisky,  $\frac{1}{2}$  oz., was given every two hours. At 8 P. M. morphia was omitted and the carbonate of ammonia and whisky continued every four hours.

27th, 7 A. M. Has slept much, no pain, pulse 100, bowels freely moved spontaneously; copious discharge of a ropy mucus tinged with blood.

6 P. M. No change in condition since morning. Beef essence and the whisky has been administered by a syringe with a long nozzle carrying the fluid back into the fauces.

28th, 7 A. M. Has slept well, the discharges are offensive, and the following is ordered:

R. Liquor sodæ chlorinat.  $\frac{1}{2}$  ounce. Aquæ distillat. 8 ounces; to be used freely in washing the cavity.

November 1. The conditions all favorable.

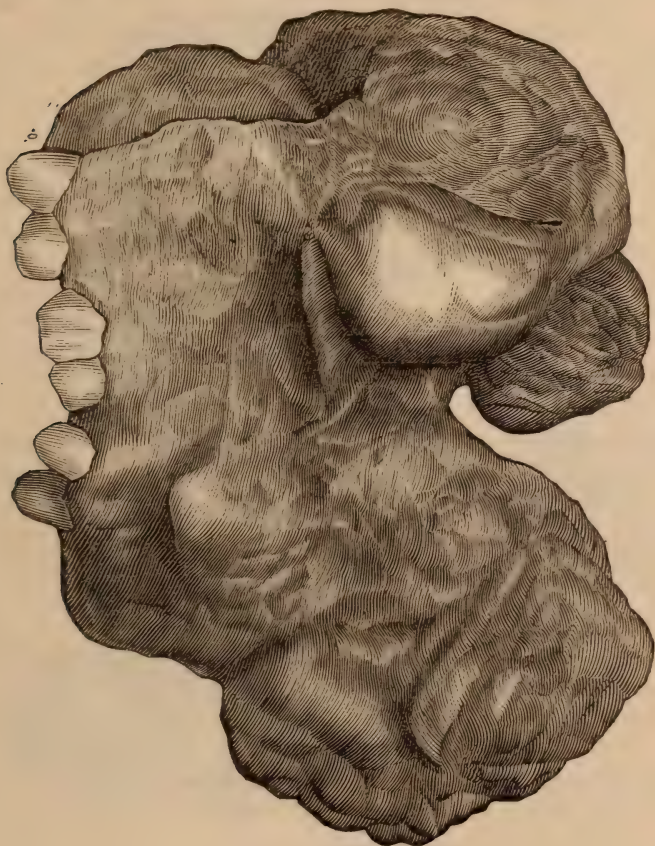
November 2. Considerable febrile excitement. Bowels confined.

R. Fl. Extr. Sennæ, 1 drachm every four hours until effective. Also,



R.—Potass. Chlorat., 1 drachm.  
Quiniæ Sulph., 16 grains.  
Tinct. ferri Muriat, 2 drachms.  
Aquæ font.  
Syrup Simp., each 2 ounces.

M. Sig., 2 drachms three times a day.



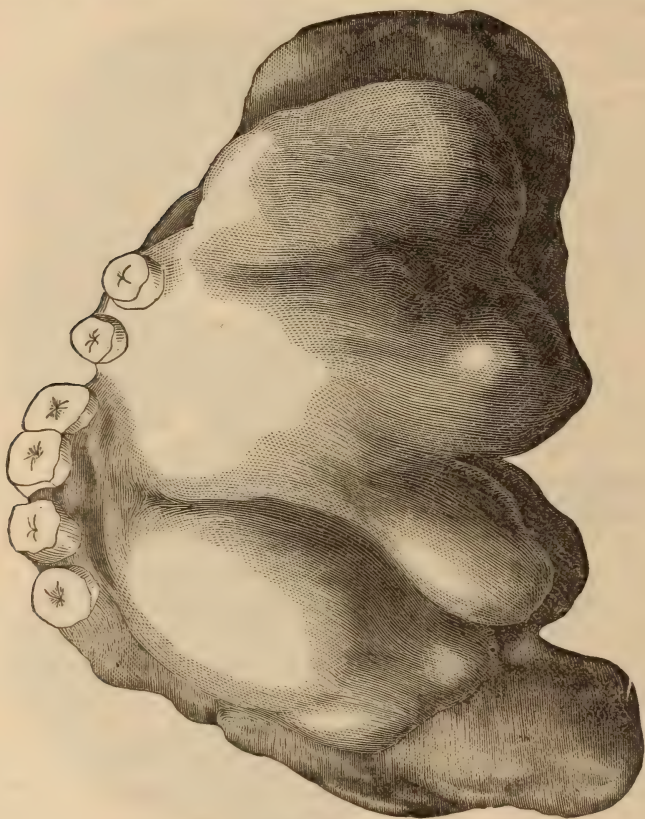
No. 1.

November 4. Patient much improved; stitches removed from wound; adhered by first intention.

8th. Condition excellent. From this time there was a steady improvement until Nov. 23, when the patient was discharged.

I am indebted to J. M. McCormick, M. D., resident physician of Cincinnati Hospital, for the care of the patient and the record

of the case. You will notice that the patient, whom I now present to you, is but slightly disfigured. The molar bones and the nasal bones are all preserved, as also the soft palate with a large portion of the covering of the hard palate. There is but a small hole in the roof of the mouth. This serves for a fixed point for the plate of teeth, which Dr. J. Taylor, a young and promising



No. 2.

dentist of this city, has provided for the unfortunate man. On the upper plane of this plate is attached a piece of vulcanite, curved so as to hook into the orifice in the roof of the mouth.

There is no evidence of a malignant character in the tumor.

The patient is entirely well, August, 1871.

NOTE.—The cuts of the tumor here presented exhibit, in No. 1, the front aspect, and in No. 2 the buccal surface.

*Art. II.—Caseous Pneumonia—A Case.*

By EDWARD B. STEVENS, M. D., Prof. Materia Medica and Therapeutics in Miami Medical College of Cincinnati.

The following case is reported as an interesting illustration of the extensive destructive processes which may occur in what has been termed by recent pathologists caseous pneumonia :

Ellis Decamp, æt. 19, bank clerk, heretofore in good health ; no immediate family predisposition, though two uncles died with some form of acute pulmonary disease. Four years ago had pleurisy.

January 16, 1871. Found him with a mild attack of pneumonia, having had some cough for several days previous. This attack confined him to his room two weeks, after which, with an incomplete convalescence, he resumed his duties at the bank, as the necessities of the position seemed urgent, and he was anxious to retain his place.

At this time there was cough to some extent, loss of strength, loss of flesh, pulse  $90^{\circ}$  to  $95^{\circ}$ . He continued in bank up to the middle of March, when these conditions of health made it urgent that he give up all business pursuits.

A careful examination now shows slight dullness about the upper part of the chest on both sides, prolonged expiration, pectoriloquy ; other conditions of cough, strength, and pulse stationary.

*Diagnosis.*—Chronic pneumonia, with tendency to destructive changes.

Dr. Comegys saw the patient at this stage and makes essentially the same diagnosis, with unfavorable prognosis. Subsequently he was examined by Dr. Murphy, with the same opinion of the nature of the case.

He was placed upon a general tonic course of treatment, and advised to go to the country as soon as the weather is favorable ; to ride and walk daily in the open air as much as strength will permit.

During the latter part of March, had two attacks of hematuria, each lasting one day.

About the first of April, made a visit to friends in Butler county, where he had good care and the professional oversight of Dr. McCready, but after three weeks returned home, rather failing in all respects, but cough not increased and no expectoration.



Early in June, went to a point in Canada, where he remained until the middle of July, returning home without material change, but evidently a steady, gradual failure of vitality.

About July 11, while in Canada, had an epileptic convulsion.

About the first of August, concluded to try Minnesota for its supposed invigorating climate to consumptives. When he reached St. Paul was able to walk considerable distance; made various short excursions on foot and in carriage, but suddenly became very feeble and anxious to return home, which he did on the 23d of the month. On his trip home had a second convulsion on the cars, and a third terrible convulsion on the evening of the 22d.

About the time of his reaching St. Paul *ceased to have any cough*, and had no return of cough until his death, August 31.

On his return from Minnesota had a large amount of ascites; urine scanty, turbid; on analysis by Dr. Mackenzie it was found loaded with albumen, and containing epithelial casts. During a few hours subsequent to the convulsion on the night of the 22d, he voided a gallon of urine, and the ascites speedily disappeared. Some diarrhea for the week before death.

At no time during the progress of the case was the cough severe; at no time any marked amount of expectoration; no hemorrhage; no discharge of pus; and, as stated, *no* appreciable cough during the three weeks preceding death. Respiration easy and apparently nearly natural during last three or four days.

Early in the history of the case, there was some pain in the chest, none later, but severe pain at times across the abdomen on a line just below the diaphragm.

*Autopsy.*—The examination was made on the third day after death, by Dr. J. C. Mackenzie, who has furnished the following report:

Post-mortem examination made sixty-six hours after death.

Body very much emaciated; slight cadaveric rigidity.

Thorax. Lungs so firmly adherent to the walls of the chest, that in removing them they were extensively torn. The upper lobes of both lungs contained caseous masses and cavities in such numbers that no crepitant tissue remained. The lower lobes also were the seat of numerous caseous masses, many of which had softened; posteriorly they were non-crepitant, but anteriorly there was a good deal of air-containing tissue. Many of the cavities in both the superior and inferior portions of the lungs con-

tained bloody fluid, and were of considerable size. No miliary tubercles were observed in any portion of the lungs.

Heart was healthy.

Abdomen. The abdominal cavity contained several ounces of transparent serum, floating through which were flakes of lymph. Covering the coils of intestine and abdominal wall in various places were found layers of lymph, which were very easily stripped off. The liver was of the normal size. Beneath the capsule there were abundantly scattered small white masses about the size of a hemp-seed, which projected for a short distance into the hepatic substance. These were rather soft in consistence. Similar deposits were found elsewhere throughout the liver, but in less quantity than upon the surface. Excepting these, the liver presented the normal appearance.

The spleen was small and very firm, indicating an increase in the fibrous element.

In the small intestines were numerous ulcers, the long diameters of which were directed transversely. Their outline was irregular, and their edges elevated and thickened. Almost all of them had penetrated through the mucous and muscular coats, and in one there was a small round opening through the serous tunic, so that a complete perforation existed. Upon the bottom of these ulcers was a layer of coagulated blood. Upon the serous coat round the margin of some of these ulcers, minute white granules were observed, but these were not abundant and were present in but a few.

The kidneys were of normal size. At the lower extremity of both organs there was a space about an inch in diameter of a much darker color than elsewhere. Upon making a section, there was found in each organ, corresponding with the external dark space, a white caseous mass, about an inch in diameter, in the right kidney, smaller in the left. These masses were surrounded by indurated tissue, and had undergone softening in the center. Upon microscopic examination these masses were found to consist entirely of granular matter.

*Remarks.*—Both the clinical and pathological study of this case is interesting. It is essentially a case of pulmonary consumption; it agrees with the definition of Dr. C. J. B. Williams, "a disease characterized by the consolidation of more or less of the lungs, with a tendency to degeneration, softening, and excavation of the

parts affected, and this is attended with wasting of the whole body, and other evidences of its imperfect nutrition.

While, however, this case presents the characteristic features of "consumption," so called, it is clearly not a case of tuberculosis. Dr. Williams, in his excellent article, *London Lancet*, March, 1868, proceeds to claim that "in a large proportion of cases the consolidations, which precede the destructive process, occur in the form of *tubercles*, miliary or clustered, not necessarily preceded by inflammation in the lungs or air-passages." This is essentially the old Laennec doctrine—Laennec and his immediate followers holding that consumption is due to a peculiar "*diathesis*, from which it proceeds, independently of all so-called exciting causes." According to Laennec what is popularly known as "catching cold," and like sources of irritation, have nothing whatever to do with the development of a "consumption."

In the case now reported, there were some very singular points of study. There was no hereditary tendency; the acute attack was not preceded by ill-health or feeble condition. It is to be remarked that the cough, always moderate, almost absolutely disappeared on his visit to Minnesota, several weeks before decease; no expectoration or hemorrhage, or purulent discharge; sensation referred rather to the abdominal than the thoracic region, and yet upon autopsy we have the remarkable destructive changes detailed in the post-mortem notes.

The appearances in the cavity of the chest fully agreed with the diagnosis made out early in the history of the case; and yet on account of the absence of cough and expectoration, and the sensations produced by the extension of the disease to the abdominal cavity, it was almost impossible to persuade the patient or family that the lungs were seriously diseased.

The hematuria probably occurred at the incipency of the caseous deposit in the kidneys, as the result of the congestion. This deposit accounts for the conditions found in the urine on analysis, and probably explains the epileptic convulsions as growing out of uremic conditions. These diseased states of the urine, together with the inflamed and ulcerated state of the intestines, explain the ascites.

We think the case serves materially to confirm the more recent views that are now being gradually accepted by the profession as the result of the histological experiments of Virchow, Niemeyer, and others. For example, Niemeyer holds "that all forms of



pneumonia may end in caseous infiltration under certain conditions;" he thinks that there is a great difference in the frequency with which varied inflammatory products may undergo this cheesy transformation; but "in the chronic catarrhal form it is almost the rule." Again, he says, "The knowledge that the majority of cases of consumption are not the result of neoplasm, but of inflammation, and that when tubercles exist in phthisical lungs the tuberculosis is almost always preceded by a pneumonic process, which, by caseous degeneration of its products, has prepared the soil for the growth of tubercle, has been of material assistance in explaining the etiology of consumption." So, finally, if we understand the teaching of Dr. Niemeyer and those who believe with him, what has been heretofore regarded as consumption in the great majority of cases, is a destructive process, the result of inflammation, as in chronic pneumonia; that there is no necessary dependence upon a tubercular "diathesis" in these cases; that tubercles may or may not exist with the caseous infiltration; that while in many cases the destructive changes and caseous deposit seems to "prepare the soil" for the development of tubercle, yet there is no necessary relationship, either ante or post, between the two conditions.

The relation of this case is given simply as a contribution to a very interesting and important clinical study now engaging the attention of pathologists and histologists.

In addition to the views of Virchow and Dr. Niemeyer, we direct the attention of those interested in this study, to experiments recently made respecting the inoculability of tubercle, in which it is claimed, on the one hand, by Villeman, of France, that tubercle is a specific disease, not developed by peculiar systemic conditions, but only through its own original cell, that is to say, tubercle develops tubercle. Sanderson, of England, however, and others, have reported interesting experiments which appear to demonstrate that tuberculous deposits may be developed by the inoculation of various matter other than tubercle.

In the present case the diseased condition evidently had its inception in the lungs, and from thence the destructive processes steadily progressed to other organs through the circulation.

*Art. III.—Gonorrheal Lymphatism.*

By H. ILLOWY, M. D., formerly Resident Physician Cincinnati Hospital.

It has long ago been observed, that although in a majority of cases of blennorrhagia the disease was merely of a local character, confining itself to the urethral mucous membrane (in the male), or if the inflammation spread to neighboring parts as to produce orchitis, epididnitis or bubo, doing so merely from contiguity, still, in some instances it seems to lay aside its distinctly local character, and give rise to troubles, where some other explanation than that of contiguity must be sought for the phenomena that present themselves to the eyes of the observant physician. Of the latter class of diseases a form of rheumatism seems to have been most frequently observed, either as attendant upon or as an immediate sequence of the blennorrhagia, and that form of disease denominated gonorrheal rheumatic arthritis most rarely.

Already, in 1781, Swedianer, and in 1782, Hunter, observed this form of rheumatism, and called it "gonorrheal rheumatism." Even Hippocrates is believed by some to have referred to this disease in his aphorism, "Ennuchi non laborant Podagra." Since Hunter, however, it has been more numerously observed. Messrs. Fourcault, Fournier and Rollet had one hundred and fifteen cases; Brodie and Sordet, eleven cases. Twenty-three cases are reported in the various journals (European), and fifteen cases by Mr. Voelkert in his monograph upon this subject,

During my term of service as resident physician to the Cincinnati Hospital the following came under my observation :

CASE I.—Mary M.; admitted November 25, 1869; æt. 17; Ohio; prostitute; girl of ordinary stature; rather good physical development; very much emaciated; pale; lymphatic appearance; had always enjoyed good health until within a year. About a year ago, when just entering upon her career of vice, contracted specific vaginitis (blennorrhagia). Soon after, she came to this city, and entered a house of prostitution. She has, however, according to her statement, been all the time afflicted with this blennorrhagia—did not do anything toward having it cured. About three weeks ago, she was suddenly seized one night with violent pain in her thigh and groin; a physician was called in to see her, but afforded her no relief. She was three weeks under his care, and during all that time suffered dreadfully; could not bear to be touched; could not be

moved, and lay in her own filth. On admission to the pay ward of the hospital, the shrieks of the patient, when carried out of the carriage, were heard at a distance, and her screams when put to bed in the ward were such that a patient in a rather critical condition in the ward at the time, had to be removed, considerably worse from the fear and excitement caused.

The limb was placed in a horizontal position; the least movement made with it caused intense anguish. The pain was in the whole right lower extremity (the one affected); considerable swelling in the thigh and groin; obliteration of the inguinal crease; was ordered immediately solut. morph. bimecon gtta. xxv., and a like dose to be given in four hours after. Patient soon rendered comfortable.

November 26. A very profuse and exceedingly offensive discharge from the patient was noticed, causing nurse to make a liberal application of tinct. camphor. around her bed. Morbus coxarum being suspected, the patient was placed under chloroform and examined by Prof. M.; not the least indication of the suspected disease, however, was discovered.

December 3. Following prescriptions were made for her:

R.—Pulv. opii, grs. vi.

Gum guiac. ʒi.

Potass. nitr. ʒiss.

M. Divid. in chart. No. xii., Sig. i. per hora.

Also, R.—Tinct. iod.

Alcohol āā, ʒij.

M. Sig., paint over whole right lower extremity.

Also, R.—Balsam copaiv.

Ole. olivar āā. ʒij.

M. Saturate with this a ball of cotton and lay in vagina.

Besides the opium in the above prescription, ten-drop doses of solut. morph. bimec. were now and then required to keep patient comfortable. She passes her urine and feces in bed; can not bear to have herself raised sufficiently for a vessel to be placed under her. Must always be put through under the influence of an opiate, so as to permit the soiled sheets to be removed and clean ones to be substituted.

December 8. No noticeable improvement; the guiac. and potass. powders have set up a very severe diarrhea; ordered them stopped, and prescribed pro re nata; appetite all this time almost nil. She takes nothing but a little tea or milk.



December 11. Diarrhea almost uncontrollable; patient is also considerably nauseated; ordered bismuth sub. nitr. and opium.

December 13. Diarrhea and nausea entirely relieved; vaginal discharge very much diminished, and, for the first time, patient said "she felt somewhat better." The opiate now given at longer intervals, and was ordered:

R.—Tinct. ferri. muriat. gtta. xx.

In aq. Ter die.

December 27. Taking no medicine since the 13th but the iron and opiate as required. Is very much improved; looks somewhat better; pain very much lessened; opiate only required twice a day; still complains of anorexia; ordered:

R.—Tinct. cinchon. co. ʒi.

Acid sulphur. arom. ʒi.

M. Sig. Teaspoonful before each meal.

December 30. Marked improvement.

January 5. Is gaining very fast; can move her limb now so as to allow of a vessel being placed under her to catch discharge; no pain; cheerful expression of countenance; appetite excellent; eats freely, and in considerable quantity; stopped cinchon. mixt.

January 13. Vaginal discharge very small, and fetid odor entirely lost; carbolic acid ʒij. to be added to the balsam mixt.; complains of great pain in knee; to have it painted with dilute tinct. iod. and wrapped in dry cotton; ordered:

R.—Potass. nitr.

Gum guiac. āā ʒi.

M. Divid. in chart. No. xii. Sig. i. per hora.

January 16. Entirely free from pain; stopped the powders; still continue the iron; appetite good, and general condition rapidly coming up.

January 19. Sat up for the first time to-day.

January 22. The limb painless and patient able to move it; the copaiva next stopped, and ordered:

R.—Tinct. sulph. ʒi.

Aq. font. oi.

M. To be used by injection.

January 25. Noticed shortening of right lower extremity of about two inches; was examined by Prof. F.; no diagnosis made; extension ordered and applied.

January 30. Not benefited by extension; was ordered taken off;

general condition of patient good; vaginal discharge entirely arrested.

She remained in the house about three weeks longer, and was then taken home by friends, in good health. The shortening remains. A diagnosis as to the cause of the shortening was not arrived at.

CASE II.—Robert S.; colored; admitted December 29; buggy-washer; came in with pneumonia,

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December 3. Complained of great pain in his back; is unable to sit up in bed; nurse stated that he noticed a profuse purulent discharge from patient's penis; patient acknowledged that he had had the gonorrhea for some time; ordered:

R.—Gum guiac.  $\mathfrak{z}$ i.

Pot. nitr.  $\mathfrak{z}$ iss.

Pulv. opii, grs. vi.

M. Divid. in chart. No. xii. Sig. i. per hora.

Also, R.—Balsam copaiv.  $\mathfrak{z}$ ss.

Sig. gtta. x. in aq. quator die.

January 5. Discharge entirely arrested; pain in back entirely relieved.

CASE. III.—Michael R.; æt. 22; Ireland; laborer; of ordinary stature and development; pallid in appearance, and would be judged of lymphatic temperament; states that two years ago he had gonorrhea, from which he suffered for a long time; five months ago he was again infected with gonorrhea, this time rheumatism appearing with it; is now again admitted with gonorrhea and rheumatism; affection seated in right foot; redness; great pain and swelling; pits on pressure; complains of great pain in tibia; worse in tuberosity; pain exacerbated at night; heart sounds normal; tongue coated with yellowish-brown fur; pulse 80; regular; urine strongly acid; a free discharge from urethra present; ordered:

R.—Balsam copaiv.  $\mathfrak{z}$ ss. Ter die

Also, R.—Potass. iod. grs. x. Ter die.

November. 19. Rheumatism somewhat better.

November 23. Is well of the gonorrhea; still suffers from rheumatism.

February 8. Almost entirely cured of the rheumatism. I must say here, that in this case a syphilitic taint was suspected in the patient.

CASE IV.—Ferdinand H.; æt. 40; Swiss; laborer; of good stature; good physical development; in moderate flesh; states that fifteen years ago he first had gonorrhea, which lasted some time. As soon as the gonorrheal discharge was arrested, he was seized with rheumatism in right knee; this soon spread to his other knee, and thence to his left shoulder; continued upon him for some time, and then he recovered. Three years he was again infected with gonorrhea which, just as before, was followed by a rheumatic seizure. Four months ago he again had gonorrhea, and for a third time he was seized with this rheumatic trouble, for which he was admitted to the house. Knee joint swollen and painful; no redness; this time only one joint affected.

Long and numerous have been the discussions upon this subject. Some gentlemen hold this to be an altogether different disease from the ordinary rheumatism (*rhumat. vulgaire*), a rheumatism specific in character, different in its symptoms, requiring a different treatment, and altogether dependent upon the presence of a urethral gonorrhea for its existence; and, therefore, they deny the possibility of its occurrence in the female. Others declare it a rheumatism *vulgaire* only, dependent upon another cause; and lastly, there is a third party who deny altogether any connection between the blennorrhagia and the rheumatism—the presence of the two at one and the same time being merely an accidental occurrence. The number of cases, however, in which the simultaneous presence of both of these diseases has been observed, certainly disprove this last assumption, and are conclusive evidence of some relationship existing between the gonorrhea and the rheumatism, whether it be merely in exciting the latent rheumatic diathesis, predisposing the system to rheumatic attacks, or producing from itself a new disease.

In discussing the question, is this gonorrheal rheumatism an ordinary rheumatism merely complicated with gonorrhea, or an altogether different disease, the question has also presented itself, "Is gonorrhea a constitutional or is it merely a local disease?" And one opinion or the other on this latter question has been adopted according to the preconceived views on this subject of the rheumatism. Those holding the rheumatism to be a new disease, produced only by the blennorrhagia, and one that can not be called into existence by any other cause, declare gonorrhea a constitutional disease. Others, again, who hold this rheumatism to be a rheumatism *vulgaire*, declare gonorrhea a local disease, exciting the



rheumatic diathesis (or with others the rheumatism directly) though the utheral irritation caused by it.

In an article published in the April number of the *British Medical Journal*, Mr. Prichard, in speaking of gonorrhea and its complications, says, "The treatment of gonorrhea, in spite of the extensive experience, is still very unsatisfactory; we treat the disease locally without any regard to constitutional manifestations. In a majority of cases, this line of treatment will be successful, but it is against all analogy to think that a disease which has a period of incubation, is frequently acute and malignant in its manifestations, produces a virus capable of reproducing the disease, should be nothing more than a local affection. The local manifestations are the most important, and with some exceptional cases alone demand our attention." Mr. Prichard goes still further; he says, "The orchitis and the swelling in the inguinal canal are not caused by the spread of the inflammation by continuity (in plain words, local manifestations), but they are the consequences of the constitutional effect of gonorrhea, and are to be regarded as its secondary manifestations. There are, besides the diseases above mentioned, a peculiar papillary eruption of the skin, and the two forms of rheumatism, muscular and articular, of which the former a very mild form, the latter a very dangerous one, and very much like what has been described as pyæmic arthritis, resulting in complete destruction of the articulation, are also to be regarded as its secondary manifestations." In the case of a young man under the observation of Mr. Prichard, who had been bedridden for a long time with this last form of rheumatism, there resulted a complete destruction of the affected articulation; he also, at the commencement of the attack, had many of the symptoms of pyæmic infection, chills, high fever, profuse perspiration, etc.

In a debate upon this subject, in the Societ. Medic. des Hopit.\* (Paris), Dr. Pidoux, in replying to Dr. Peters, remarked: "It is easy to distinguish a gonorrheal from an ordinary rheumatism, because their characteristics are so unmistakable; the former is as fixed as the latter is migratory, and from the outset it impresses upon the articulation a configuration upon which alone, and without any further knowledge of the case, an observer might form a diagnosis. The characteristics of the gonorrheal rheumatism are more of the 'tumor albus' variety than of the ordinary

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\*See Archives Generales, December, 1866.

rheumatism." He also said that even gonorrheal orchitis partakes of many of the strumous characteristics, although there may be an individual in whom the gonorrhea by its *constitutional* influence might arouse a latent rheumatic diathesis, and ordinary rheumatism with all its migratory tendencies present itself, still if it persisted it would soon fuse itself with the lymphatico-herpatic affections and tend to suppuration. Dr. Pidoux has seen a psoitis with abscess in the sheath of the muscle in the course of a *constitutional* gonorrhea.

By those who contend that gonorrhea is only a local disease, various explanations have been offered in regard to the rheumatism presenting itself with it. Thus, Dr. Mercieux\* says that rheumatism is due to the accumulation of uric acid in the system, and any disease that will cause its accumulation in the blood and its deposition in the articulation, by preventing the free flow of the urine, will thereby cause a rheumatism. In gonorrhea, this state of affairs is produced by the inflammation in the urethra spreading upward, the free flow of urine is prevented, and rheumatism produced.

M. Lorain assumes a transitory diathesis, a predisposing influence on the part of the gonorrhea.

Others, again, have asserted that it is due to the irritation in the urethra, present at all times, and therefrom concluded that women were not liable to this disease.

The same holds good with the opinion of Dr. Mercieux above quoted.

Against all these views there are strong and valid objections. In regard to the first, starting with the assumption that gonorrhea is a constitutional disease, if the assumption be proven groundless, the whole fabric built upon it will fall to the ground.

It is now well fixed that gonorrhea is only a local disease. The latest authorities upon the subject are agreed upon this.

If gonorrhea were a constitutional disease, it would be dependent upon and could only be produced by a particular cause, namely, a virus, and that virus would be required to circulate through the system, vitiating the blood, and thus affecting the whole constitution, and setting up a urethral inflammation as a manifestation of its presence.

Such, however, is not the case. It does not require the presence of a virus to produce blennorrhagia. Various articles of

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\*L'Union Medicale, 25, 1867.

diet, as asparagus, eating freely of cayenne pepper, etc., medical articles as guiacum, etc., have been known to produce it. It may be caused by protracted sexual indulgence, by the use of bougies.\*

Intense sexual excitement has been known to produce violent blennorrhagia. The following is an illustrative case mentioned by the editor of *L'Union Medical*, M. Latour:†

A physician, thirty years of age, had been continent for more than six weeks, when he passed an entire day in the presence of a woman whose virtue he vainly endeavored to overcome, and who resisted all his approaches. From ten o'clock in the morning till seven in the evening, his genitals were in a constant state of excitement. Three days after he was seized with a very severe attack of gonorrhea, which lasted forty days.

Again, some authorities, and among them Dr. Bumstead, positively assert that they have known blennorrhagia to have been excited in persons by rheumatism or gout, who had not been exposed to contagion.

It is also well known that blennorrhagia may be excited by the menstrual flow, and we recollect hearing Prof. M., of Miami Medical College, mention the case of a gentleman who called upon him with a blennorrhagia, asserting that he had been contaminated by his wife and accusing her of having violated the marriage vow. Upon investigation, it was found that he had cohabited with her just about her menstrual period. Just such a case came under our observation, and where a careful examination failed to disclose any evidence of disease. Hundreds of cases of violent blennorrhagia have occurred, and still occur, resulting from coitus with women suffering from leucorrhea.

It has been laid down as a fixed rule, that any irritating discharge from the female may, by cohabiting with her, excite a blennorrhagia in the male.

There are instances recorded where men have cohabited with women for some time and at last become infected, although a careful examination revealed no change in the condition of the female.‡

From the foregoing it is clearly perceptible that the presence of a virus is not absolutely necessary for the production of gonor-

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\*Druitt's Surgery, page 184, Causes of Gonorrhea.

†From Bumstead on Venereal Diseases.

‡Bumstead on Venereal Diseases.



rhea. We can, therefore, have no period of incubation to this disease, such as in variola, erysipelas, etc.

In speaking of this, Dr. Gross\* thus remarks, "As there is no specific poison, there is no stage of incubation." Dr. Bumstead, in treating of the early stage of gonorrhea, says, "This stage is often called the *stage of incubation*, a name which is objectionable, because the inflammatory process is doubtless set up at the time of the application of the exciting cause."†

Against the views of Dr. Mercieux and others, who ascribe the rheumatism as due to the extension of the inflammation up the ureters, and the obstruction to the free flow of urine, thereby causing uric acid, the cause of rheumatism, to be thrown into the circulation, we must object that if such were the true etiology of the rheumatism why does it not occur in inflammations of the kidneys or its pelvis, in Bright's disease where we have uric acid gradually thrown into the system, until it is poisoned and the patient goes off with uremic convulsions?

Secondly, and this objection also to the theory of urethral irritation, if such were true, such cases could not occur in the female, unless a urethritis were present, while the case, related above, clearly shows that they may occur in the female even without the presence of urethritis.

We must, therefore, seek an explanation for these phenomena in another direction.

It has no doubt been observed by every physician, that local troubles have at times, through long continuance and irritation, combined with the depressing influence of bad hygienic surroundings, established a constitutional vice, and through that, set up grave constitutional troubles. I well recollect a case that came under my observation while intern to the Cincinnati Hospital:

J. A., a young Irishman of excellent physical development and good stature, was admitted to the hospital for trachoma of long standing; the lids of both eyes were affected. At the time he came under my personal supervision, he had been in the house between four and five months; he had enjoyed excellent health. One day he complained that his appetite commenced to fail, that he felt weak and was loth to go about; he became dull and languid. Upon examination, there was marked dullness to percussion

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\*Gross' System of Surgery, page 817, vol. 2.

†Bumstead on Venereal Diseases.

at the apex of the left lung (not having a written history of the case, we forget the symptomatology as it occurred), commencing tuberculosis was diagnosed; he was placed on proper treatment, ordered to take a walk in the air every day (a thing he had not been permitted before); his hygienic condition was every way improved, and very soon his strong constitution began to rally and he improved very rapidly, his eye trouble at the same time getting much better.

But it is especially by local troubles with purulent discharge, where there is a constant drain on the system, that the constitution is most easily vitiated; the patient is broken down, debilitated, becomes pale and cachectic, his nutrition becomes impaired, and the nutritive functions perverted, the red corpuscles in the blood diminished, and the white produced in abnormal quantities, and various diseases that have their origin in such a condition of the system make their appearance.

It has been particularly noticed in soldiers suffering from gunshot wounds that had not healed, and where a purulent discharge had been established and kept on, that many of these have had tubercular development; while in others, other forms of strumous disease have made their appearance.

I have frequently observed in the lower classes of society, that women suffering from leucorrhea, placed in bad surroundings, without the proper nutrition, and compelled to earn a livelihood, or help earn it, in the sweat of their brow, soon became anæmic, broken down, complained of weakness in the knees, giddiness, pain in back, etc. In these cases iron internally and astringent injections soon helped them up.

The same thing pertains to blennorrhagia. At first it is only a local trouble, and if properly and timely treated, has no sequelæ—of a constitutional nature—but where allowed to hang on and the discharge to remain for three or four months, as I have known cases, the constitution will become affected in the same way as by a discharge from an old gunshot wound, or any other cause. Added to this, that most of the patients in whom this state of things has been noticed are mostly of that class who, as a general rule, lead a rather wild life and take no care of their persons, live under poor hygienic conditions without proper food, in dirty hovels, and exposed to all the inclemencies of the weather.

Most of this class of patients will go to drug stores, get medicines, and dose themselves just as long as possible, until after a long lapse of time, when they perceive the fruitlessness of their efforts and are

already considerably broken down, they present themselves at a hospital, or to a physician for treatment. It is a noticeable fact, and only one more proof in my favor, that numerous writers have called our attention to the facial expression of persons suffering from gonorrhea.

In the sessions of the *Societe Medicale des Hopit*, referred to in the earlier part of this paper, Dr. Pidoux, during the debate, called the attention of the society to the physiognomy of certain persons suffering from blennorrhagia, the modification of the general system and their pathological temperaments, and the series of morbid manifestations that are not very long in making their appearance.

All this, it is evident, does not occur, and could, therefore, not be perceived at the outset of the disease; it is only after a long continuance of it that the expression of the patient's countenance, and the various morbid changes above mentioned, testify to us of the vitiation the general system has suffered.

When, therefore, the gonorrhea has gone thus far, and has thus disturbed and broken down the general health, it is then that those diseases peculiar to such a condition make themselves manifest—inflammations of a low grade and obstinate character, all tending to the development of pus, and if an arthritis be set up, generally graver than ordinary in its manifestations, with almost all the characteristics of pyæmic poisoning, and generally resulting in destruction of the articulation so affected.

When, therefore, a patient becomes affected with any other trouble, it is not the direct result of the gonorrhea; or, in other words, the gonorrhea is not the exciting cause; it acts only by vitiating the system, bringing about what, for want of a better term, might be called "lymphatism," and this, in its turn, being the direct exciting cause of the disease.

That such is really the *modus operandi*, the best descriptions of the condition of these patients and the disease gonorrheal rheumatism, by those who have had the opportunity of numerous observations, testify.

Dr. Pidoux, in addition to the remarks upon this disease, above alluded to, said the characteristics are rather more of the tumor albus variety than of the ordinary rheumatism.

In summing up the characteristics of the disease, he said: These altogether plainly indicate a constitutional change caused by the gonorrheal infection; a change termed by the Germans "fat" gonorrhea. This change is a sort of lymphatism, a strumous state which



one might believe had been inoculated into the patient by gonorrhea.

These patients, although predisposed without doubt, date the appearance of the strumous manifestations from the setting up of the blennorrhagia. These symptoms are persistent adenitis inguinal and submaxillary, acnea sebacea pityriasis, secreting blephoritis, scaly eruptions about the labial commissures—in short, all the variety of morbid manifestations that present themselves in certain strumous subjects are precisely reproduced in certain gonorrheal patients, and have in some instances been falsely termed gonorrheal rheumatism.

M. Alf. Fournier thus describes the peculiarities of gonorrheal rheumatism wherein it differs from the ordinary variety; peculiarities all readily explaining themselves, if what we have assumed be true. The same peculiarities have been observed by M. Voelkert, and described in his late monograph upon this subject:

1. The gonorrheal form is more frequently apyretic; and even if there be fever it is less high and less persistent than that of the ordinary rheumatism.

2. The prostration is not so well marked, nor the sympathetic phenomena so manifest, as in the ordinary acute rheumatism.

3. The gonorrheal rheumatism is more articular, or, to say the least, it does not so generalize itself as the acute (rheumat. vulgaire.)

4. The pain is different; at times indolent, disappearing under the influence of cold; at others as violent as in ordinary arthritis; it is more fixed, more painful, and does not disappear so rapidly and suddenly as that of the rheumatisme vulgaire.

5. It resolves itself with greater difficulty, and frequently leaves a hydrarthrosis—a condition rarely resulting from the rheumatisme vulgaire (always evidence of a strumous state of the constitution).

6. We do not have that hyperfibrinous condition of the blood that presents itself in ordinary rheumatism.

7. The involvement of the large serous viscera is as rare and exceptional in the gonorrheal rheumatism as it is frequent in the ordinary variety.

In conclusion, I will only add the histories of two cases that have latterly come under my observation, and which, in my opinion, are good illustrations of that condition, denominated gonorrheal "lymphatism:"

CASE I.—On the 23d of October, Louisa C. called at my office,

complaining that she had been rapidly emaciating, but did not know how long; thought it might be two years perhaps, and that a certain physician of this city, whom she had previously called upon, informed her that she had consumption.

Upon questioning, I elicited a history as follows (part of which I afterward found incorrect): She was 23 years of age; unmarried; made a living by sewing; emaciating about two years; has night sweats, and a chill every morning since several months; does not know exactly how long; present weight eighty-one pounds; stature about five feet six inches; has had no cough or expectoration at any time; none at present. The fact that during the whole period of emaciation she had been free from cough and expectoration, aroused my suspicion that the trouble might lie somewhere else, and I accordingly asked whether she had had any severe illness before or during that time. She replied that she had not. Inspecting her chest, I found marked emaciation, also a terrible accumulation of filth. She had an eruption about the shoulders such as is generally excited by uncleanness. Not having time to make a thorough physical examination by auscultation and percussion, I took the statement of the physician whose name she mentioned, and prescribed meanwhile some cod liver oil, telling her to come next day, so as to allow me to make a thorough examination. Two days after she presented herself at my office, and upon thoroughly examining her lungs, I found them healthy.

I had had my attention directed some time previous, by an article in Schmidt's *Jahrbrücher*, to the fact, that uterine ailments at times caused emaciation, I questioned her to that effect, but elicited nothing. Once upon that subject, I questioned her as to how long since she had had sexual intercourse. She replied about four months ago. To the question whether she had noticed anything wrong about her private parts soon after, she answered that a few days after she noticed a vaginal discharge, which soon became profuse and offensive. She had also suffered with burning pain on micturition, that she was still suffering that way, and that the discharge was still present. She also stated that soon after the commencement of this trouble her appetite failed her, and she had begun to emaciate (thus contradicting the story about the two years). I prescribed for the gonorrhœa and urethritis, and a week after the woman came to my office and said that she was much better. She was ordered iron.

I afterward discovered that she was a prostitute.

CASE II.—August 5, 1871. N.L.; æt. 23; a young man of good stature and good physical development; pale; cachectic in appearance; emaciated; looking like an individual after a long debauch; complained that for some time he has been unable to work at his trade, cigar making; when he sits awhile he suffers severe pain in the lumbar region, about the kidneys; never feels like getting up in the morning; when he arises feels giddy; his head swims; must lay down again and again while dressing; profuse night sweats; complete anorexia; tongue furred yellow. Examination of the chest and about the kidneys revealed nothing. His habits of life were rather irregular, but they had been so almost the greater part of his life, he having been left to himself since his childhood, but that had never troubled him.

On questioning him closely, he acknowledged that about the end of last summer he had become infected with gonorrhea; did not go to a physician, but bought medicines at a drug store and doctored himself. The discharge lasted for several months, and since that time he has not been the same man he was before. I prescribed for him as follows:

R.—Mass. pill. hydrarg., grs. vi.

Quin. sulph., grs. ijss.

M. Divid. in pill. No. vi.

Sig. i. Ter die.

Also, muriated tinct. ferri., with quinia in Madeira wine, to be taken twice daily. After four days he came to my office, and reported himself somewhat better. The iron was now ordered three times a day; cold baths, or sponging with cold water all over, and to be in bed by 10 p. m. Under this treatment he is rapidly improving, and has to some extent lost that cachectic appearance.

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**Art. IV.--Case of Exophthalmic Goitre (*Grave's Disease, Morbus Basedowii*).**

By A. N. ELLIS, M. D., Leavenworth, Kansas.

Mrs. E. C., aged 35, American, applied for treatment January 15, 1871. Had been suffering for some time from bronchocele, for which she had received treatment, until the prominence in the thyroid region had almost disappeared. The eyes had a ferocious,



staring look, which gave to the countenance a peculiar expression. Anæmia marked; amenorrhea existing for several months; some gastric derangement, with much nervous excitement; at times retching and vomiting, at other times an obstinate diarrhea; great intensity in the action of the heart, the pulse often reaching 125. Over the left ventricle there was a marked bellows murmur, which extended into the aorta and carotids. The pulsation of the latter could be seen at some little distance from the patient. The eye-balls seemed pushed forward as if they would be forced from their sockets. The eye-lids retracted and could only be closed over the balls with much effort. Owing to the constant exposure of the cornea to external irritants, its epithelial covering had become roughened and thickened, resembling in appearance ground glass.

Ulcers were beginning to make their appearance, though as yet they were superficial. The eye-lids were much inflamed; the ocular conjunctiva somewhat injected; the iris normal, responding readily to the influence of light. Owing to the clouded state of the cornea an ophthalmoscopic examination was made with difficulty. This only showed slight hyperæmia of the retina. The size of the arteries were slightly increased; the smaller branches were more numerous and apparent, more especially in the region of the yellow spot.

*Treatment.* Prescribed tonics, quinine, iron, nux vomica, exercise in the open air; sedative remedies to quiet the action of the heart and to tranquilize the nervous system; pressure bandage applied to the eyes and kept up for several weeks; absence from care and from everything tending to produce mental anxiety; plenty of rich, nutritious food; regular hours for eating, sleeping, and exercise. For the retraction of the upper lid the operation recommended by Graefe was performed. The lid being put upon the stretch a horizontal incision was made through the integument, extending almost the entire length of the lid, and about one line from the upper edge of the tarsal cartilage. A small portion of the orbicularis was next incised. The oblique striation, which indicates the tendon of the levator palpebræ, was thus brought into view. Here where this tendon blends with the cartilage it was incised on each side with a Graefe's cataract knife, so that only a narrow, central bridge of about one line in length remained standing. This operation was followed by an incomplete ptosis, which, however, diminished considerably in the course of several

months. The ulcers and opacities on the cornea were treated in the usual manner.

August 25. Saw the patient yesterday. General health much improved. No swelling of the thyroid body; no trouble in the gastric region. Menses regular; have been so for three months. Has not suffered from hysteria or mental depression for some time. Still some complaint of irregularity in the heart's action. Upon examination found hypertrophy and dilatation of the left ventricle.

The eyes have lost that wild, ferocious look—the eye-balls seem to be in their proper places. The effect of the operation on the upper lid was all that could be desired; cornea clear; no hypermetropia present, as in the first stages of the affection. The patient expresses herself as being much improved in every way. The true nature and cause of this interesting and peculiar disease is at present unknown. The enlargement of the thyroid body, the prominence of the eye-balls, together with the inordinate action of the heart, form a striking combination, giving to this affection a well-marked individuality. The prominence of the eyes is the most marked symptom. The protrusion is generally not straightforward in the direction of the optic axis, but toward one side, frequently the nasal. The upper lid does not follow the movements of the eye, but seems somewhat too elevated. The thyroid body is more or less enlarged; the enlargement is said by the best authorities to be generally greater on the right side. The increase in size is only moderate, and does not go on indefinitely, as is often the case in ordinary cases of bronchocele. The thyroid arteries are much enlarged; the veins generally much dilated also, sometimes to such a degree that the disease might be termed “bronchocele aneurismatica,” and often a distinct diastolic murmur can be heard over them.

The habitual action of the heart is often increased in intensity. At first it is only increased action and violent palpitation, but after a time dilatation and hypertrophy, more especially of the left ventricle, ensue. The exophthalmus is due to hypertrophia of the adipose cellular tissue of the orbit, and to a hyperæmic swelling of this tissue. How this is brought about is still the subject of much discussion. Some writers have supposed that the pressure of the enlarged thyroid upon the cervical blood vessels caused the protrusion of the eye. Mackenzie was of the opinion that the symptoms were due to anæmia, and speaks of the disease as “anæmic exophthalmus.” An eminent writer, in one of the late

English publications, supposes that the affection is due to an irritation or neurosis of the sympathetic nerve, producing hypertrophy of the adipose tissue of the orbit and dilatation of the veins. To all these theories there are well-grounded objections, so we will leave it as we found it—an open question.

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*Miss Putnam.*—"Miss Putnam," says a Paris paper, "the young American who has for some years been following the course in l'Ecole de Médecine, submitted her graduating thesis to the faculty. It was read in the large lecture-room of the college, before a numerous audience, and was received with warm commendation. The president of the board of examiners found it deserving of the highest note, '*extrêmement satisfait.*'"

This mark is rarely given for a thesis. Miss Putnam has also received the highest mark at each of her five examinations.

She was ready for graduation a year ago, but the war broke up the schools, and she has devoted the year to work in the hospitals. She is the first woman who obtained admission to l'Ecole de Médecine, but not the first who has graduated, as Miss Garrett took a year's course and received her degree a year or more ago. She writes that one of the dedications of her thesis was as follows: "To the professor, whose name I do not know, who alone voted in favor of my admission to the Ecole, thus protesting against the prejudice that would exclude women from superior studies." One of the professors on the board took up the dedication, read it aloud to the audience, and then defended himself from the accusation. "He had never voted, he had no such prejudice, he did not believe that it existed in the faculty," etc., and he considered the claim for right to participate in the superior studies a most legitimate demand.

Miss Putnam writes, "I confess I should not be sorry to have that part of the séance stereotyped for the benefit of New York schools of medicine."

*Death of a French Anatomist and Physiologist.*—Dr. Leigeois, vice-professor at the Paris faculty, and author of well-known works on anatomy and physiology, recently died suddenly at Paris.



## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

WM. CARSON, M. D., PRES'T.

JAS. T. WHITTAKER, M. D., SEC'Y.

BY DR. CARSON.

The following case is reported because it bears somewhat upon some of the subjects touched upon in the recent report of Dr. Comegys on Blood Poisoning, and because the subject of tuberculosis is especially interesting to the profession at this time.

The case occurred recently at the Cincinnati Hospital, under the charge of Dr. White, to whom I am indebted for the opportunity of reporting it, the autopsy having been made by myself.

*John Kelly*, admitted February 7, 1871, aged 15, single, waiter, Kentucky; always been healthy until three months ago, when he began to experience difficulty in retaining his urine, amounting at times to complete incontinence. Has had pain in end of penis and tenderness over the bladder. States that while passing urine the stream sometimes stops suddenly, and on his laying down it again passes freely. Is a robust young man of good physical development; appetite and digestion good; bowels regular; some tenderness over bladder, and can retain urine about three hours.

February 8. Was to-day put under chloroform and sounded for stone, but none detected. Urine contains rather abundant deposit of mucus. Ordered hot hop fomentations over hypogastrium, and

R.—Ext. buchu, fl. ʒij.

Pot. bicarb. ʒij.

M. Sig. ʒ, ter in die,

February 11. Improved; less pain and tenderness over bladder.

February 16. Continued improvement.

February 18. Was yesterday morning seized with pain in chest; cough, attended with expectoration of mucus streaked with blood; pulse 110; skin hot and dry. Transferred to medical ward.

February 18. Medical record. Heat 104; pulse 140, feeble.

February 18, evening. Skin hot and dry; tongue coated, dry dark fur; bowels regular; no pain in chest; loud, sibilant and

sonorous rales heard all over chest. Ordered  $\text{℥ss.}$  brandy, ter hora.

February 19. Heat 101; pulse 114; patient quite dull; lips dry; tongue dry, and coated with dry dark fur; bowels moved once during the night; very loud rales heard all over chest; no dullness to percussion; no pain in any part of his body. Ordered six wet cups to lower and posterior part of chest; also ordered gr. 5, amon. carb., every six hours. Brandy to be continued every six hours ( $\text{℥ss.}$ ), alternating with the ammonia. Milk and B. ess. freely.

February 20. Heat  $100\frac{1}{2}$ ; pulse 100; slept all night, and feels better this morning. Continue treatment.

February 21. Heat 100; stopped brandy and ordered gr. x. car. and ammonia every three hours. Evening: Heat 102.

February 22. Heat 100. No change in treatment. Pulse 110; tongue dry and coated with white fur.

February 23. Heat last evening 103; pulse 114; mental hebetude well marked; mouth and tongue dry. Morning: Heat 100; pulse 120. Respiration 36; bowels moved three times since six o'clock; stools thin and dark yellow, very offensive; mental condition unchanged; loud dry rales heard all over chest. Evening: Heat 103; pulse 120; respiration 40.

February 24. Heat 103; respiration 40; pulse 120; bowels moved once during the night; stools of more consistence; rales heard all over chest; patient very dull and weak; pulse very feeble. Ordered six wet cups to chest and to have  $\text{℥ss.}$  whisky ter hora; also  $\text{℥ss.}$  liq. amon. acet. ter hora. Stopped carb. amon.

February 26. Died.

February 27. Autopsy, eighteen hours after death. Moderate flesh; vigor mortis well marked. Right lung, upper portion extends to median line; left lung is retracted; pericardium uncovered,  $3 \times 3\frac{1}{2}$ , apex heart beneath 4, intercostal space; left lobe liver  $1\frac{1}{2}$  inches below ensiform cartilage; fissure between right and left lobe extends  $1\frac{1}{2}$  inches below ensiform cartilage; right lobe extends  $1\frac{1}{2}$  inches below margin of ribs; stomach not in view; general adhesions of both lungs all around to the ribs; liver adherent to the diaphragm; right lobe adherent to abdominal wall (firm adhesion); omentum firmly adherent to abdominal walls.

Heart. Weight 11 $\frac{3}{4}$ ,  $4\frac{1}{2} \times 4$ ; left ventricle  $\frac{3}{4}$  inch thick; right ventricle  $\frac{1}{8}$  inch thick; mitral valve, anterior segment  $\frac{7}{8}$  inch long, posterior segment  $\frac{1}{2}$  inch long; valves healthy.

**Lungs.** Right lung dense, except at the apex and inner margin; section, substance soft and thickly beset with grayish deposits, appearing to be distinct from each other; lower lobe more congested, soft, and deposit not so thick. Left lung, internal and lower margin somewhat crepitant, other part dense and containing same deposits as other lung.

**Liver.** Weight 4 lbs., 12 inches transversely; antero-posterior of right lobe  $7\frac{1}{2}$  inches; antero-posterior left lobe 6 inches; grayish red externally; section, in substance of liver cysts are found from size of a pea to  $\frac{1}{2}$  inch in diameter, containing light yellow fluid; gray tubercles scattered throughout the liver.

**Right Kidney.** Weighs  $3\frac{1}{2}$  x  $5\frac{1}{2}$  x  $3\frac{1}{2}$ ; capsule thin and transparent; surface smooth; beneath external surface much congested; several points on the surface size of a mustard seed, some of which on being opened show soft, whitish, fluid contents; section, yellowish white color, and shows a large number of grayish white bodies, some of which can be enucleated, and on being removed leave a false membrane which had surrounded them; these are principally in the cortex.

**Left Kidney.** Weighs  $3\frac{1}{2}$  oij.,  $4\frac{1}{2}$  x  $2\frac{1}{2}$ , capsule rather thick; in it are deposits size of a mustard seed to  $\frac{1}{4}$  inch in diameter; capsule easily detached; surface beneath the capsule covered by gray granulations. On section, surface covered with the same gray granulations as its fellow; also contains three small cavities of irregular outline; pelvis of kidney covered with deposits, some granular and others membranous and shreddy.

**Ureter.** Left, diameter  $\frac{1}{2}$  inch at lower part,  $\frac{3}{8}$  inch at upper; walls  $\frac{1}{8}$  inch thick; section, extensive deposits of granular appearance along its whole length.

**Bladder.** Three inches in diameter; mucous surface ulcerated.

**Spleen.** Weighs 17 ounces.

This case is worthy of consideration, both in its morbid anatomy and in its clinical history.

Nephrophthisis is a subject about the pathology of which there are important differences of opinion among eminent men. As the post-mortem description indicates, the ureter and pelvis of one of these kidneys suggested Virchow's description of tuberculous infiltration on mucous and serous surfaces: \* "In many mucous and

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\*Die Krankhaften Geschwulste, vol. 2, p. 653.



serous surfaces, is formed through the extensive confluence of numerous thickly-pressed and caseating miliary granules, a thick, yellowish white dry layer, which fills the whole surface after the manner of a so-called diphtheritic exudation." In another place\* he speaks of that infiltration of the mucous membrane of the kidney or testicle which "was originally a large tubercle conglomerate, not, perhaps, an inflammatory focus." He thus implies that infiltration is of a special rather than of a common inflammatory origin.

Hoffman, in a "Contribution to the Study of Tuberculosis,"† says that this disease is essentially one of continuity, and that it has its seat essentially in the submucous connective tissue, as well as the interstitial tissue of the kidney; that, nevertheless, under other conditions, cell-formations take place, these cell-formations strongly resemble, in small size and luster, the tubercle granulations," and yet neither the place of formation, nor the mode of origin, nor the form of the cells are any obstacle to the view that the above-mentioned kidney changes may take place through simple inflammatory processes. On page 77 he speaks of "granulations without specific character, yet with a tendency to caseous change."

His general conclusion in regard to tubercular deposits of the male and female sexual and urinary organs is, that "we must avoid considering all cheesy deposits in the male and female sexual and urinary organs as tuberculous, but always remember that in a very great number of cases chronic inflammations without specific character must be considered as the causes."

Niemeyer says, "We can not refer in all cases the diffuse caseous degeneration which the mucous membrane of the urinary passages offers, to the formation and softening of discrete tubercle granulations, unless we also meet, at the same time, millet-sized discrete or grouped tubercles, or nodules, and after their degeneration round or irregular ulcers. Far more frequently by cell-formation in the substance of the mucous membrane, and through caseous transformation of the same, the inner wall of the ureter and the pelvis of the kidney is changed into a yellowish crumbling mass."

Förster, though quoted by Hoffman as being susceptible of a

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\*Page 644.

†Deutsche Archiv für Klinische Medicin, 3 vol., p. 79.

double construction, yet seems to us as accepting the precedence of tubercular over caseous products where the two are found together in the kidney or urinary passages.\*

Rosenstein is the only systematic author, within our reach, who has devoted a special attention to caseous nephritis. In speaking† of the relation of tubercular and caseous products in the kidney and urinary passages, he says, "According to my own not a few observations, which were examined most carefully with reference to this point, I can not agree with Virchow, and I have come to the conclusion that we have, in the great majority of such cases, to do with a caseous nephritis—a chronic inflammation of the urinary organs." He then goes on to give his reasons, which we need not reproduce here.

We have thus given these high authorities on the pathological anatomy of these forms of kidney diseases, because the questions presented are the same essentially as those involved in the pathology of phthisis.

The conditions for the study of the subject are simpler than in the lungs, and yet we have as much difference of opinion in regard to the kidney-tubercle and inflammation as in regard to phthisis.

We think the case we have presented, with its morbid anatomy, will bear the interpretation that the inflammatory action preceded the tubercular deposits; that we had at the one end of the morbid scale a simple inflammatory focus in the cystitis, and by a later development, and as a sequence, the fatal tubercular deposit in the lungs.

The thickening and ulceration of the mucous membrane of the bladder was the first stage. Extension of the inflammation, with caseous products by continuity of surface, along the right ureter and into the pelvis of that kidney, was the second stage. Here, in the kidney, is the point at which difference of opinion might begin, as to the nature of changes in the substance of and at the surface of the kidney. They seem to us as still of the nature of common non-specific inflammatory action. Niemeyer, Hoffman, and Rosenstein would probably have considered them as such. Virchow, Rokitansky, and Förster as tubercular. At any rate we have, ascending from the bladder to the outer border of the kidneys, inflammation, caseation, and tuberculization.

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\*Handbuck der Pathologischen Anatomie Band, 2, pp. 525, 526.

†Die Pathologie und Therapie der Nierenkrankheiten, p. 390.

Then, as the third stage, we have the gray granulations scattered throughout the substance of the liver, which could not occur by continuity of surface. And, finally, we have the outbreak in the lungs, with the peculiar clinical features of the case following.

The clinical history confirms deductions made from the morbid anatomy. A young man, who had always been in good health, and who, when he came into the hospital, is described as a "robust young man," presents symptoms of cystitis for which he was treated in the surgical ward, with suspicions of stone. After ten or twelve days he is seized with pain in side, and cough, with bloody expectoration, and shows a high pneumonic temperature. The symptoms became typhoid, or those of systemic infection of some sort, and in one week he died. The autopsy record gives sufficient explanation of the pneumonia, in lungs crammed with tubercle, and of the typhoid condition, or systemic infection, in the numerous foci of simple and caseous inflammation in the bladder and kidneys, and finally lungs.

We will only refer further to one or two points suggested by the case. And, first, the undoubtedly secondary origin of tuberculosis, in many instances, from local points of irritation, in constitutions which may or may not be predisposed. In this case we may fairly suppose a predisposition, from the well-known liability of the colored race, under some circumstances, to tubercular accidents. The proportion of secondary to primary lung tubercle is given by Colberg, Slavjansky, and Aufrect,\* respectively, as 90, 88½, and 88 per cent. Certainly a much larger proportion than pathologists hitherto have been accustomed to admit. We may not, however, lose sight of the precaution suggested, whether or not we agree with the statistics. If local irritation at the exit of an organ like the bladder can finally light up such an explosion of disease as occurred in our case, why may not the danger be much more immediate, if the inflammatory focus be situated at the outlet of the respiratory organs. Instead of a remote contamination by lymphatic or vessel it may be, and often is, a much more direct one by continuity of surface.

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\*Berliner Klinische Wochenschrift, March 7, 1870.



## Ophthalmological.

*Cases in the Ophthalmic Practice of Prof. E. Williams, M. D.,  
Cincinnati, O.*

Reported by J. THOMPSON, M. D.

### TEN CASES OF "ULCUS CORNEÆ SERPENS."

This peculiar form of ulcerative keratitis, and the treatment by incision, which was adopted in the ten cases which are here reported, was first described and practiced by Samisch.

In order to clearly elucidate the condition of things spoken of above, I take the liberty of making a liberal use of the writings of Dr. Herman Pagenstecher, which are to be found in vol. vii, part i, Royal Lond. Oph. Hosp. Rep.

"Samisch designates by the name 'Ulcus Serpens' that malady which develops itself frequently from injury, but sometimes spontaneously at, or occasionally a short distance from, the center of the cornea. In the beginning of the malady a gray, generally circular opacity of the cornea presents itself; in the place of this a loss of substance, at first of slight depth, becomes apparent; some portion of the edge of the ulceration now swells and becomes of a grayish white color; it is at the seat of this swelling that the ulceration tends to creep along. Simultaneously with its gradual superficial increase the ulceration acquires also a gradual increase of depth until the process terminates in leucoma when the case is favorable, or in perforation, staphyloma, or anterior phthisis. In the great majority of cases hypopyon occurs. Conjunctival and subconjunctival injection, photophobia, and lachrymation always occur in greater or less degree. Iritis always ensues, and occasionally iridocyclitis also.

"Ciliary neuralgia occurs. In many cases it is of long continuance and violent, in others it lasts but a few days. Hence it appears that this is the malady commonly known as *hypopyum-keratitis* when there is hypopyon of the anterior chamber, or as *keratitis superficialis ulcerativa* when no such hypopyon exists.

"However unimportant as a rule may be the name given to any malady, the adoption of the name 'Ulcus Serpens' may, from a

clinical point of view, be well justified: 1. Because a special mode of treatment is now associated with this name; 2. Because the word 'serpens' more directly calls attention to the essential character of the ulcer.

"Until very lately the almost universally acknowledged remedies against this malady: atropine, warm fomentations, and the greatest possible repose of the eye by means of the pressure-bandage, were resorted to at the Ophthalmic Hospital of Weisbaden. In many instances these remedies were attended by favorable results, but unfortunately the percentage of instances in which the course of the disease terminated in leucoma-adherens, in glaucoma, or even in complete atrophy, was by no means what might have been desired. Independently of the fact that wet, warm fomentations and the pressure-bandage were in some instances found to act injuriously, and that these remedies necessarily superinduce much washing and personal inconvenience, it was found sometimes, with the best possible precautionary measures, impossible to stay the ulcerating process, and often the march of the disease was unchecked until finally perforation of the cornea, with all its evil consequences, had ensued."

Dr. Pagenstecher reports twelve cases of his own, in which he performed the operation spoken of, and in no instance was the eye lost. He states further: "Assuming this number of examples to be too limited to justify the formation of a final judgment, still the surprising rapidity and certainty with which, almost unexceptionally, the progress of the malady was arrested, warrants the hope, on his part, that other members of the profession will submit this operation to more extensive trial."

His observations are summed up as follows:

"1. The ulceration on the cornea is arrested in its progress and retained within its already acquired limits. The clouding of the cornea, so inimical to sight, is thus reduced to the utmost possible minimum.

"2. The base of the ulcer is cleansed and becomes more transparent, and the existing infiltration, limited to one side, disappears totally after a few days.

"3. Hypopyon, when such existed, or the particles clouding the aqueous humor, were to a very great extent, at the time of the operation, emptied out, and the absorption of such particles as remained behind, was much accelerated. Hereby the organization of these elements, and the closing of the pupil thereby often oc-

casioned, or its adhesion to the anterior capsule, is much diminished.

"4. The irritation of the iris decreases rapidly; and, in cases submitted to treatment at an early period, a very favorable mydriasis is seen soon to set in.

"5. Ciliary neuralgia, when present, is completely allayed, if not immediately, within a very few hours."

CASE I.—Mrs. W., æt. 46, native of Ireland; has been troubled with trachoma for several years, and with keratitis occasionally for several months. At this date, December 5, 1870, has a large central ulcer of the cornea, caused by the coalescence of several small infiltrated points which have existed for several days. The iris is discolored, contracted, and almost immovable; and quite an amount of pus is to be seen at the lower part of the anterior chamber (hypopyon) as well as between the laminae of the cornea (onyx); conjunctival and subconjunctival injection, photophobia, ciliary neuralgia, and much lachrymation. The treatment used has been atropine, warm fomentations, and the occasional application of pure carbolic acid to the points of infiltration; quinia, morphia, etc., constitutionally. All of the above measures proved of no avail, when, on the 5th of December, 1870, Sämisch's operation was made by passing a narrow Grafe's knife transversely through the base of the ulcer, and cutting through the cornea from within outward, when the aqueous spirted out to the distance of three feet and the pus was ejected immediately afterward. The iris then came in contact with the cornea, which caused more intense pain for a short time than had before existed. After a few minutes the patient became comparatively easy. The pressure-bandage was then applied, atropine ordered, and the patient requested to report the next day.

December 6. Patient slept tolerably well last night; hypopyon still visible; iris not yet dilated. Opened the incision with a small Bowman's probe. The incision was opened once a day for five days, after which the hypopyon disappeared. The ulcer looked much more smooth and occupied less space, and as a favorable mydriasis was established the incision was permitted to heal. In three weeks from the date of operation, no trace of the ulcer remained except a faint gray streak caused by the incision.

CASE II.—Charles B., a German, æt. 46, was struck by a chip



while chopping wood eight days before he presented himself for treatment. He states that he has suffered so intensely with headache and circumorbital neuralgia that he could get no rest whatever. At this date, February 18, 1871, a central infiltration and ulceration occupies the entire field of the pupil, totally obscuring vision; hypopyon, iritis, etc. Sämisch's operation was made, as in the former case. The incision was opened every day until the 24th, when it was suffered to close on account of the disappearance of the hypopyon and the establishment of mydriasis, etc. He left for home in four weeks after the operation, with a light blue opacity about one-half the size of the original ulcer. He suffered comparatively little pain after the operation, except for a few minutes at each time after the opening of the incision. It is our opinion that he will eventually have very useful vision.

CASE III.—Christopher M., æt. 39, German; after a hard day's plowing, June 1st, had a violent pain and inflammation of left eye. He became blind in it in a few days, and presented himself for treatment, June 10th, when a large central cream-colored ulcer was manifest, with hypopyon and iritis. The operation spoken of was made; opened every day for five days; atropine, pressure-bandage, etc., were used, and he left for home, with but a slight opacity, in three weeks after the operation.

CASE IV.—Conrad R., German, æt. 51; right eye injured by wheat straw, June 22d; called at office, June 30th, with a very ragged central ulcer of the cornea of right eye; hypopyon, iritis, and synechia anterior; well-marked chemosis, and he suffered terribly from ciliary neuralgia. His left eye was lost several years ago. Sämisch's operation was made in the usual manner on the morning of the 30th, and again opened in the evening. Atropine and the pressure-bandage were used, and the wound was open twice a day for five days, when the hypopyon disappeared and the iris began to respond to the mydriatic. On the 12th of July the last adhesion of the iris had become loosened from the cornea. August 22d: eye quite well, with a small leucoma at the lower and outer portion of the cornea, which confused him during a bright light; but with a stenopaic apparatus he can read moderately small print:  $S=\frac{1}{4}\frac{5}{6}$ .

CASE V.—William A., æt. 54. A case very similar to the pre-

ceding. The operation was made on the 4th of July, and opened daily until the 7th, when it was suffered to remain closed. He left for home on the 20th, with but a slight opacity and very useful vision.

CASE VI.—Anthony Z., æt. 72, a German; presented himself July 5th, and states that after a hard day's work in pitching hay fourteen days ago he was attacked with a violent pain in his left eye, since which time he has not been able to procure any sleep on account of the terrible pain in his head and face. He has a deep ulcer in exactly the center of the cornea, and the edges are very much swollen; iritis, hypopyon, etc., also an extensive adhesion to the anterior capsule. The usual incision was immediately made, and was opened twice a day until the 8th, when a favorable condition of things called for its discontinuance. July 11th, the iris was free from the capsule, and he returned home on the 20th with very useful vision.  $S = \frac{1}{20}$ .

CASE VII.—Charles H., æt. 23; has been troubled with trachoma for about six years, during which time he has had occasional attacks of keratitis, which usually commenced with a few minute points of infiltration beneath the membrane of Bowman, lasted a few days, and then ended in resolution. The last attack, however, was much more severe; the points spoken of were more numerous and much deeper, and, after the coalescence of several, resulted in a ragged, deep central ulcer, with a large infiltration beneath the laminae of the cornea, with hypopyon, iritis, etc. All the remedies which had benefited him on former occasions failed on this; the ulcer steadily increased in both breadth and depth. Samisch's operation was made July 6th, and was opened once a day with a probe until the 10th, after which he had no further trouble. At this date, September 25th, the faintest possible line of opacity at the immediate seat of the incision remains. His vision =  $\frac{1}{30}$ .

CASE VIII.—Mike D., æt. 26, an Irishman; has a similar history to the one just reported—just as bad a case. The first operation was made August 7th, and the wound was opened but five times when improvement took place. He then had a relapse, and the operation was repeated on the 13th, after which he steadily improved, and at this date, September 25th, but a very small leucoma is to be seen.  $S = \frac{1}{20}$ .

CASE IX.—Herman L., æt. 32, German, stone-cutter; was struck on the eye with a piece of stone while dressing it with a hammer on September 2d. He presented himself at office on the 6th inst., suffering atrocious ciliary neuralgia, with a dirty ragged mass of dead tissue occupying the center of his left cornea; hypopyon, iritis, etc. One could put a probe on any part of the cornea without causing any pain whatever. The usual incision was made, and opened once a day for three days, when he improved slightly; but on the 11th inst. the symptoms were much more unfavorable than at first, the conjunctiva was very much chemosed, and the chamber was completely filled with pus. An incision was again made at right angles to the former one; it was opened daily for five days, when no return to hypopyon took place and the iris began to respond to the mydriatic. At this date he has a small leucoma below and almost out of the range of the pupil.  $S=\frac{1}{2}^5$

CASE X.—W. Lynch, æt. 47; was working with lime on the 3d inst., when a portion of the same was blown into his left eye, which caused a violent inflammation of both cornea and conjunctiva. The keratitis rapidly assumed the ulcerative form, which extended from a little above the center to the lowest portion of the cornea. He was treated in the usual way (atropine, pressure bandage, etc.) until the 12th inst., when Samisch's operation was made. The wound was opened with a probe every day until the 16th inst., when it was united so firmly that the knife had to be resorted to the second time. It was then opened twice a day until the 19th inst., when, on account of the infiltration extending further downward, another incision was made in the direction spoken of. It was again opened twice a day, but continued to extend laterally in spite of all our efforts. A fourth incision was made yesterday.

September 25. Ulcerative process appears to be arrested, but we fear that a large leucoma will result.

*Remarks.*—It is evident, from the history of the foregoing cases, together with those reported by Samisch, Pagenstecher and others, that the operation proposed and practiced by Samisch far excels all other modes of treatment now on record.

The importance of the operation does not simply consist in the restoration of the diseased or injured organ to useful vision, but in warding off the glaucomatous process which is frequently set up in an eye with a clouded pupil. It must also be remembered, that



by preventing adhesion between the iris and capsule of the lens, and between the iris and cornea, etc., sympathetic ophthalmia is also avoided.

Just one comment should have been made when quoting the language of Dr. Pagenstecher. He speaks of the ulcer always assuming a grayish white appearance. In all the cases which I have seen, this applies only to the very inception and decline of the ulcerative process; but during the acme of said process the tissues always have a buff or cream color.

In the performance of the operation the best instrument for transfixing the base of the ulcer is, in most cases, a narrow Grafe's cataract-knife. In some cases, however, the chemosis of the conjunctiva so flattens the cornea that a straight knife can not be conveniently used. In such cases a narrow sickle-shaped knife is far better.

It remains to be seen whether Sämisch has been instrumental in giving as great a boon to suffering humanity as was Von Gräefe in the treatment of glaucoma by iridectomy.

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*New Plan of Dressing Wounds.*—The latest novelty in the mode of dressing wounds following amputation or other causes is reported to *The Lancet* by its Paris correspondent. It originated with M. Alphonse Guérin, and consists in introducing cotton-wool into the stump or wound immediately. The amputated limb, to take this example, is then wrapped around with dry cotton-wool a bandage being then applied, and tightened a little on subsequent days, if necessary, to maintain mild compression. The dressing, however, remains undisturbed until the twentieth or twenty-fifth day, when, on removing the packet of wadding, a glassful of pus is found in the folds of the cotton, and the wound is discovered to be quite healed. Notwithstanding the high mortality which existed during the German siege, M. Guérin obtained six successful results out of nine amputations of the thigh treated with this method, and all of his cases of amputation of the leg did well.

## Hospital Reports.

### HOSPITAL FOR SICK CHILDREN.

Cases of Malingering, communicated by Mr. H. T. BUTLIN, Registrar.

Cases like the following are liable to be misunderstood, and may for a long time remain wrongly, and therefore unsuccessfully, treated. The moral disease, and the moral treatment which it demands, are overlooked; while all efforts are directed to the cure by drugs of a simulated or enormously exaggerated ailment, to which it becomes the chief object and only habit of the patient's life to call the attention of sympathizing spectators by more or less sensational demonstrations. "It is difficult," says Dr. West, "to assign any sufficient reason for this conduct. Mere indolence seems sometimes to be the chief motive for it; often vanity; the sense of importance in finding everything in the household arranged with exclusive reference to itself appears to have led to it—a feeling which may sometimes be observed to be very powerful even at an exceedingly early age. In many instances a morbid craving for sympathy is mingled with love of importance, and both these sentiments are not unfrequently gratified and exaggerated by the conduct of a foolishly fond mother. Real illness, however, in almost all these cases, exists at the commencement, though the child persists in complaining of its old symptoms long after their cause has disappeared." This description applies very accurately to the following cases. In each instance, Mr. Butlin informs us, the mother was a decidedly "weak woman;" and in each, it will be noticed, there was, or had been, a nucleus, so to speak, of genuine disease. It is obvious that isolation from a foolish mother and indulgent friends must, in all such cases, be one of the most effectual remedial measures.

(Under the care of Dr. DICKINSON.)

CASE 1.—Sarah J.— was, on admission, seven years and nine months old. The following history was elicited from her mother: With the exception of a violent attack of convulsions, which

occurred in connection with whooping-cough at the age of two years and a half, she had been quite healthy until the onset of the present illness fifteen months ago. She was then taken suddenly with sickness, purging, and pain in the bowels, which lasted for about a week. Ever since she has been subject to pain in the bowels. About nine months ago she had another similar attack. The purging lasted for about three weeks; and toward the last she passed nothing but "blood and jelly." A day or two after the return of the diarrhea, the fits, from which she has ever since suffered, first made their appearance; for about half an hour she was "convulsed," her limbs became rigid, her eyes rolled upward, she screamed, and frothed at the mouth. From that time a week has not passed without the occurrence of at least one fit, and she has always had convulsive twitchings during sleep. Frequently the attacks have come on three or four minutes after falling asleep; but, in the daytime, they have generally been ushered in by drowsiness and pain in the stomach. They vary in character and duration, lasting sometimes as long as three or four hours. At one time "hysteria," at another "epilepsy," is the more conspicuous feature; she laughs, talks, sings, screams, undergoes violent convulsions, throws herself about so as to bruise herself, and becomes quite unconscious. Nevertheless her general health is good, although she is troubled with a short, hacking cough. She has never been of a particularly excitable temperament.

She was found to be a fairly-nourished child, and very intelligent. She manifested a great interest in her own case, was quite conversant with all her symptoms, and evidently conscious of the interest which her condition excited. Her tongue was clean and dry; her pulse 104, and feeble; her skin cool and soft; her face pale, and slightly bruised in one or two places. Neither heart, lungs, liver, nor spleen afforded the slightest evidence of disease. She complained of no pain, but of tenderness when the lower part of the abdomen was pressed.

Very shortly after admission she had a violent attack; it was ushered in by cries of "Oh, my stomach!" Next she appeared to lose consciousness; then threw herself about the bed, several times striking her arms and legs. She screamed and ground her teeth. The pupils were sometimes dilated, sometimes contracted. Her face was slightly flushed all over. After the fit she lay as though asleep; after a time she began to cry, and slowly rose up, and the attack was then over.



Two similar attacks which threatened to occur in the course of the same afternoon were cut short by a few smacks with a wet towel, and a sharp reprimand from the nurse. At the end of a week, as she had passed her time in playing in the convalescent ward with the other children without evincing any disposition to indulge in more attacks, she was allowed to return home, promising that she would "never do it again."

CASE 2.—Rebecca N —, nine and a half years of age, was very healthy and strong until about two years ago, when she became troubled with a hard dry cough, which gradually increased in severity until about four months ago, when, "to prevent her being suffocated, she was ordered inhalation of chloroform." This arrested the cough. During all this time she went to school as usual, except for a few months in the summer. She could read and write well. About last Christmas she "fell into a sort of stupor, refused to take any food," and for a fortnight took only such nourishment as she was occasionally forced to receive from a tea-spoon. She kept her eyes constantly closed. Then she became much better, and took an interest in her books, but she would not allow her mother to leave her, and could not be persuaded either to stand or walk. Her father, however, saw her one night get up and walk round the table to fetch something, at a time when she thought no one was looking; he, therefore, desired to commence a system of firm moral treatment, but the mother would not hear of it, and prevailed. About five weeks before admission her bowels were constipated for about a week. At the end of that period she again closed her eyes. Since then she had never opened them again, and had only spoken three words. She could not stand, and was subject to "dreadful fits of trembling." Often she wept quietly. She seemed to understand everything that was said. Her appetite was good. She was said to be a remarkably sharp child. Her general health was good; her bowels were regular; the menses had not appeared.

On admission she was found to be a fairly-nourished girl. She had a receding forehead, but her features were strongly marked, and she looked considerably older than she was. Her face was pasty. She lay with both eyes closed, and the left hand held in front of them. The under lip did not cease to quiver. The right hand lay across the chest, but raised up from it, and underwent a continual shaking or vibrating movement. The legs were drawn up and motionless. When the left hand was removed from before the eyes, the

lids quivered, and at times also the sides of the face, the movement being similar to that produced by galvanism. Any attempt to separate the lids was strongly resisted. She did not speak, but frequently nodded in reply to questions. She bore a remarkably hard pinch on the arm or leg without flinching or crying out, but the shaking movements were increased, and the tips of the fingers became covered with perspiration. When one arm was held, the shaking of the other became more marked. The gums were spongy, the lips broken, the breath offensive, the tongue brown and dry; the pulse 116, and regular. She had a short, hysterical cough. The respiratory and heart sounds, and liver and splenic dullness, were normal. The bladder was distended, and on a vessel being produced she passed thirty-two ounces of urine, acid in reaction, of a specific gravity of 1.020, and depositing phosphates on being heated. She was ordered two grains of calomel and ten of jalap powder, and passed a good night.

On the following day she cried a good deal. The bowels not having acted, the powder was repeated, and was followed on the third day by copious evacuations. Whenever she awoke from sleep, however suddenly, the eyes remained closed. She was ordered to have a shower-bath every other morning, and a draught consisting of eight grains of chlorate of potassium, a drachm of tincture of valerian, and half an ounce of the infusion, three times a day. An aperient powder was given occasionally in order to maintain the action of the bowels.

Day after day passed without any material alteration in her condition, until, on the fifteenth day, the house surgeon, Mr. Sankey, taking a galvanic battery to her bedside, told her that it had become absolutely necessary to apply it until she recovered the power of speech. Having promised that as soon as she distinctly pronounced the word "mother" he would desist, he proceeded to apply the sponges, pausing every few seconds to demand the repetition of the required word. After about a quarter of an hour the girl's patience began to be exhausted, and she broke out into plaintive sobbing. The application was, however, persevered in until, at the end of about half an hour, after two or three feeble articulations, she distinctly pronounced the word. From that time her cure was virtually effected; she resumed the power of speech; and although, on being first placed out of bed, she appeared to be quite unable to stand, in the course of the afternoon she managed to walk about the ward without assistance.

Three days later the aid of galvanism was again resorted to to induce her to open her eyes. On the following day she read a book; in two or three days more she was running about the garden with the other children, and she was shortly afterward discharged in good health.

(Under the care of Mr. THOMAS SMITH.)

CASE 3.—Florence B——, aged eleven years, had been ailing for a twelvemonth, but had previously been a perfectly healthy child. Her first symptoms were difficulty in walking and inability to hold herself upright. Then she began also to complain of pain in the stomach. There was no history of any injury. During the last five or six months she had been gradually getting worse, until she lost the use of her legs. She was not able to hold her water when sitting up. Her bowels were never open without injections. She still complained of pain in the stomach; but had very little pain in the back, except when she was moved. Her appetite was very good, and she was in fair general health.

When brought to the hospital she was fairly nourished, but emitted a peculiar mousy odor, similar to that sometimes observed in the insane. She was obviously very hysterical, calling out as if in pain whenever and wherever touched. She knew a great deal about what had been the matter with her, and remembered what the doctor at home said about "her complaint." Her tongue was clean, pulse 100, and face pale. She passed water without difficulty. Her appetite was good, and she slept well, but generally with the legs drawn up. She complained of pain and tenderness in the abdomen. Her legs were fairly nourished, and, on measurement, were found to be of equal size. Her feet were cold. When made to walk she raised her legs slowly, and with apparent difficulty. Sensation appeared to be still more impaired than motion, for she took little or no notice when the feet and legs were pinched or pricked. No reflex movements could be excited. A sharp tap on the sole of the foot caused pain in the abdomen, but very little in the back. On examining the back, a very slight lateral curvature to the right side seemed to exist in the lower dorsal and lumbar regions, and some tenderness over the fourth and fifth lumbar vertebræ; but no prominence could be observed either in this or any other part of the spine. She preferred to lie on the left side.

Although Mr. Smith suspected that her ailment was hysteria,



he thought it safer to commence treatment as if her symptoms were due to a more material cause. He, therefore, gave directions for the legs to be galvanized daily, and ordered two minims of the liquor strychniæ in two drachms of steel wine, to be taken three times a day, as well as a pill containing a third of a grain of extract of aloes, two grains of compound rhubarb pill, and a sixth of a grain of nux vomica, to be taken once a day. In about a fortnight she sat up in bed, having been promised that as soon as she could stand she should walk in the garden. She complained of very little pain either in the abdomen or back; her bowels were regular; and the expression of resignation which her face had worn was replaced by a bright and cheerful look. At the same time she seemed to recover sensation in her legs, and for the first time gave evidence of feeling the galvanic battery. On the twenty-eighth day she began to walk about, and was very bright and talkative. On the thirtieth she walked quite firmly, and without any pain; she complained of no pain in the abdomen, and of very little in the back. On the thirty-second day she was running about the garden playing with the other convalescents, and in a few days more was discharged.—*London Lancet*.

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*Injection of Perchloride of Iron into Uterus.*—In the *Medical Times and Gazette* of February 11, Dr. Matthews Duncan reports two cases in profuse menorrhagia, dependent upon uterine fibrous tumor, were cured by the injection of perchloride of iron. His methods of procedure are as follows: After the length and direction of the uterus have been ascertained by the ordinary sound, a hollow one is passed into the organ. A syringe, composed of vulcanite, containing about a drachm of the liquor of ferri perchloridi, is fitted closely into the orifice at the proximal end of the probe, and its contents are gently thrown into the womb. No pain is generally felt as a result of this injection, but a feeling of burning is sometimes complained of, which Dr. Duncan is inclined to attribute to escape of some of the fluid into the vagina. Dr. D. has treated a large number of cases, some of them most serious, in this way with great success.

## Correspondence.

MOON LAKE, MISS., *September 12, 1871.**Prof. E. B. Stevens:*

DEAR SIR: Although young in the profession, I claim the same right to make observations with those of riper years; but if my experience and observations are not worthy of record or a place in your valuable journal, you know what to do with them. For two seasons, my first in the profession, I have been here in Coahoma county, on the Mississippi river, or, as it is familiarly known, the Mississippi swamp. One ride through the country will demonstrate the fact that it is a malarious district. Malarial affections are, therefore, the principal diseases the practitioner has to encounter, and this season it is stubborn in character, frequently assuming a pernicious form. The condition of the inhabitants I found remarkable in some respects. The county is not well supplied with medical men, consequently a great deal of medicine is prescribed by the laity. Mercury has been the Sampson remedy, and has been used with an alarming and very destructive effect—dilapidation of constitution from young to old from the destructive effects of an indiscriminate use of calomel. I hold that medicine is empirical, and every man practicing medicine is an empiric—not a charlatan and a jack of quacks, but, as Renouard has it, *empiromethodistes*. What was my capital when I commenced practicing? It was *your* experience, and other able and eloquent gentlemen who labored faithfully with medical students. You and they commenced with the experience of others, and so on back through the history of medicine. You have authorized me to take your experience and go to *experiencing*, or, in plain terms, experimenting for myself, and, may be, for the benefit of others who come after me. To the point: Has my experimenting taught me anything? I hope it has.

In ipecacuanha I think I have found effects upon disease never described by my teachers nor any books which I have read. First, it has, in large doses, 10 to 15 grains, fine cholagogue effects, the subsequent effects being hypnotic; in small doses it is tonic

and stomachic; and not to theorize, therefore, to say anything of its *modus operandi*; this is left for others, as I have assumed that we are all empirics or experimenters. To return to the shattered constitutions I found in this malarious district. To combat the fevers, from the simplest intermittent to the more stubborn bilious and the very threatening pernicious intermittent, without continuing the use of calomel as a cholagogue, became the interesting question. By experiment I found that 10 to 15 grains ipecac given without liquid would generally remain in the stomach from one to two hours, emesis then occurring, with free discharge of bile, followed soon thereafter by alvine evacuations containing large amounts of bile, evidencing its cholagogue effects. If it did not move the bowels promptly a saline was called in aid, the great anti-periodic, quinia, completing the case. In the chronic cases with enlarged spleen, I use ipecac for a series of days in pill form, thus evacuating by stomach and bowels the great amount of bile distributed throughout the whole system. By experiment I have found ipecac almost a specific in dysentery; the same in smaller portions in chronic bowel complaints. In the dangerous paroxysms of pernicious fever I depend upon large doses of quinia, with severe liniments actively rubbed on the whole length of the spine, with dry heat and chafing the extremities. I want no filthy, troublesome mustard plasters; but the whole cutaneous surface for my territory, and with two or three good assistants, who can be picked up at any house, the broken balance of the circulation is soon renewed, the capillary system restored to its physiological condition, and the patient snatched, as the preacher says, as a brand from the burning.

Respectfully,

F. R. VAN EATON, M. D.



## Selections.

*Pertussis Curable by Local Treatment.*—Dr. W. F. McNutt, M. D., M. R. C. S. E., says, in the *Boston Medical and Surgical Journal*:

It had not occurred to me that the local treatment of pertussis was not in more general use until I observed, in the *Boston Medical and Surgical Journal*, for April 20, 1871, an article by Dr. Caldwell, of Brooklyn, New York, headed "A New and Successful Treatment of Pertussis." He says: "Believing in Niemeyer's view of the pathology of this disease, 'that hooping cough is a catarrh of the respiratory mucous membrane, combined with intense hyperesthesia of the air passages,' I made my medication directly to the parts affected." His medications were made by the spray atomizer.

My own experience, as well as that of Dr. R. T. Maxwell, my partner, is that most cases of hooping cough can be cured by local treatment, and that one needs only try the treatment to be convinced of the fact. But why attribute the above pathology of this disease to Niemeyer, or call the local treatment of this disease new? While local treatment for hooping cough is by no means new, local treatment by means of the spray atomizer may be comparatively new.

As early as 1849, Dr. E. Watson, of Glasgow, recommended a strong solution of nitrate of silver to the interior of the larynx as a very successful method of treating pertussis. (*Edinburg Monthly Journal and Retrospect*, December, 1849, p. 1290.) Twenty-five years ago, Prof. J. B. Wood refers to inhalations as being in use for the treatment of hooping cough. He says: "The substances used in this way, among others, have been cherry-laurel-water, camphor, tar, benzoin, galbanum, nitrous acid, vapors, etc. It has been many years since it was noticed that children suffering with hooping cough who lived in the neighborhood of gas-works were rapidly cured. The inhalations in these cases must consist of ammonia, vapor of tar, with the vapor of several volatile oils."

The formula used and recommended by Dr. Caldwell, in the article referred to above, is as follows :

R. Ext. belladon. fld., gtt. v. to x.

Potass. bromid., ℥i.

Ammon. bromid., ℥ij.

Aquæ distil., ℥ij.

M. Ft. solutio.

Of this we use a tablespoonful at each application.

We, Dr. R. T. Maxwell and myself, have always used a solution of nitrate of silver, gr. xv. to the ounce, applied by the spray atomizer; we have found the treatment so satisfactory that we have had no occasion to make any change of formula. The first case that we treated with the spray atomizer, was that of Harry S., aged 6 years (January, 1871), a very severe case; the little fellow expectorated blood after every paroxysm. We tried the spray atomizer as an experiment, instead of making the application by means of the brush or probang, which Dr. Maxwell has relied on entirely for about ten years. The child improved after the second sitting, and on the fifth he was nearly well. A few days ago, as I was using the spray atomizer with two children of Mrs. M., she remarked that about six years ago, when four of the older children had the hooping cough, Dr. Maxwell cured them entirely by brushing their throats four or five times. There is no doubt in my mind that local applications are all that is necessary for the treatment and cure of hooping cough. And there is very little doubt that there is a variety of substances that can be used for the purpose. The solution of nitrate of silver, however, will seldom fail to effect a cure.

*Case of Chronic Nasal Catarrh.*—Dr. Norton Folsom, Physician to the New York Dispensary, writes to the *Medical Gazette* :

The following case is reported mainly for the purpose of calling attention to the convenience of the apparatus employed in treatment :

Mr. B., æt. 35, a fine singer, free, so far as known, from any constitutional taint, had suffered for over a year from an offensive purulent discharge from the nose, which frequently formed crusts as large as the thumb, so hard and so closely adherent as to be disengaged with considerable difficulty. The voice was so much affected that singing had been almost entirely relinquished, and the fœtor of the discharge interfered with his social relations.

Rhinoscopic and anterior nasal examination showed the mucous membrane generally engorged, eroded in patches, covered with viscid muco-purulent secretion, and the lower and posterior part of the vomer entirely gone.

The nasal douche had previously been tried without benefit, but its use was resumed with a solution of permanganate of potassa, together with the application of spray of alum and of tanno-glycerine. After a few weeks, the only material improvement being the diminution of fœtor, the following line of treatment (mainly that recommended by Dr. Sass and Lincoln at the Med. Lib. and Jour. Assoc.) was adopted. The whole nasal cavity, being strongly illuminated with the concave mirror, with the use of the rhinoscopic mirror behind, and with a nasalspeculum, contrived for the purpose, in front, the cavity was entirely freed from crusts and secretion by forceps and probes, and by the patient's own efforts with a basin of water. A solution of nitrate of silver (gr. 40-60 ad unc.) was then applied in the form of spray, from front and rear, to every part of the cavity, and the thoroughness of its action verified by examination. This was repeated at intervals of a few days for about ten weeks, the improvement being constant, and after an interval of a month, during which he grew worse, it was resumed for six weeks, when it was entirely abandoned, after about twenty applications in all, there being no offensive discharge, no formation of crusts, and the mucous membrane presenting a healthy pink appearance throughout. The voice was entirely restored. There has been no relapse during the year which has ensued.

The spray was applied with the ordinary hand ball apparatus, the fluid being contained in a test-tube held in the hand, and the issue of the spray being instantly and completely controlled by the thumb compressing the rubber tube where it joins the atomizer. For the posterior nares the upward-jet atomizer was used, a small piece of hard rubber being fitted to the tube just in joint of the orifice, projecting upward about  $\frac{3}{8}$  inch, forming a palate-hook.

The addition of a few drops of *eau de Cologne* to the spray solution rendered it less disagreeable, and the after-taste was sensibly diminished by gurgling with salt and water. The nostrils and upper lip were protected with an unguent.

The nasal speculum contrived for the exigencies of this case is made by coiling a piece of German silver wire at its middle (as in an ordinary eye-lid retractor), so that the ends tend to spring apart; the extremities being then bent nearly at a right angle, are curled



up into blades about  $1\frac{1}{4}$  inches long and  $\frac{3}{8}$  inch wide, which *flare apart* a little at the tips, which are to be introduced into the nostril. The degree of expansion is limited by a screw. The whole instrument is gilded. It is made by Messrs. Tieman & Co. A useful addition is a piece of flexible wire attached to the ring of the instrument, which can be made to rest upon the lip or cheek of the patient, and tilt or prop the nostril up horizontally. This leaves both hands free for manipulation, while the light is thrown in from the mirror on the forehead. In this way nearly every part of the naso-pharyngeal cavity can be reached, and accumulations, even upon the posterior wall of the pharynx be detached through the anterior nares.

*Syphilis.*—In the *New York Medical Journal* of July, 1871, Dr. R. Sturgis gives an interesting paper, tending to show that whether or not a father be affected with syphilis, he will not procreate syphilitic children unless his wife become affected with the disease. "Either our belief that the virus of syphilis is contained in the blood is incorrect," says Dr. Sturgis, "and Pellizari's experiments of transmission of the disease by the blood are false, or else we must consider the reported cases of healthy mothers giving birth to syphilitic children as untrue. It is a pure assumption on our part to say that the semen of a person affected with syphilis must be diseased, and capable of transmitting the affection. The only ground on which it rests is that syphilitic fathers have syphilitic children. If the semen is diseased, of course the urine, the sweat, the tears, the milk—in a word, all the secretions and excretions of a syphilitic person must likewise be syphilitic, and capable of transmitting the disease. I scarcely think there is any medical man who would advance such a statement, or who would find any proof to support it." But if Dr. Sturgis has seen many cases of hereditary syphilis, he must have seen *some* where the father was syphilitic and the mother quite healthy, and having apparently always been so. What does he say to such cases, which have been observed in great numbers by many good syphilographers. Cullerier wrote a paper in 1854 before the Surgical Society of Paris, to prove this point spoken of by the author; and Dr. Notta, in Paris, in 1860, and Charier, in 1862, quoted cases to show that Dr. Sturgis' theory was correct. And still Dr. Sturgis will permit us to remain unconvinced.

In a meeting of the Medical Society of New York, June 5,

1871, Dr. F. N. Otis read a paper "On a Theory of Syphilitic Infection," in which he stated that the virus consists essentially of disease-germs, similar to those described by Beale, in the secretions of variola, etc., and that it is absorbed exclusively by the lymphatics. The paper argues that the disease-germ, whether by itself or in connection with the white corpuscle, will, in its amœboid progress, choose its course only towards the lymphatics, and not towards the veins, because it would not find in the latter its proper pabulum. He thinks that through the multiplication of the white corpuscles thus impregnated with syphilitic disease-germs, the spread of the syphilitic influence takes place at the point of inoculation, and thence into the adjacent natural channels of the white corpuscle, namely, the lymphatic canals, through which, by aid of the lymphatic current, they are carried along until arrested in the substance of the nearest lymphatic gland. Dr. Otis holds the position that extirpation of the part inoculated, if performed early enough, would effectually prevent any infection of the general system, and says that Lancereaux has given cases to prove that syphilitic inoculation has been neutralized when thus treated, which we can not agree to.

*Does Small pox Infect the Fœtus?*—SIR: In an article of the Doctor of the 1st inst., headed "Does Small-pox Infect the Fœtus?" Dr. Andres shows that it does not. His cases remind me of one I related in my thesis for the doctorate on uterine inflammation submitted to the Faculty of Medicine of Paris in 1866. At page 35 I find the following, of which I give the translation from the French:

"During my service in India I was called to see a young Hindoo female affected with the small-pox, from which she died. She was pregnant at the time, nearly at full term, and an autopsy was ordered with the view of extracting the fœtus from the uterus. It was found that the child had been dead, though not for any time, and without the slightest trace of infection. The body of the mother, however, was covered with the variolous pustules, as was also the mucous lining of the alimentary canal from the mouth to the rectum. There was also a few to be seen in the bronchial tubes and on the mucous membrane of the external genitals, but the uterus was intact."

The uterus seems to enjoy a certain degree of immunity against the influence of atmospheric or other external causes, and this is so

remarkable that in epidemic or zymotic disease in which all the organs are more or less affected the uterus alone escapes untouched, and thus affords protection to its contents. But this applies only to the uterus in its normal condition, and when once it becomes the seat of disease, especially if the disease be of a diathetic nature, the uterus in its turn becomes susceptible of every pathogenic influence whether from within or from without. In puerperal fever, however, this organ is, as it were, the seat of predilection, as in it the entire force of this terrible affection, whether the latter be regarded as an essential disease or the result of toxæmia from uterine sources, would seem to be concentrated.

The male genital organs seem to enjoy the same immunity, as has been shown by Dr. Just Bernard in his inaugural thesis for the doctorate, in which he states that even in typhoid fever these organs in both sexes are ordinarily unaffected.

I am, Sir, your obedient servant,

ALEX. BOGGS, M. D.,

*Late of H. M.'s Indian Army.*

Paris, 7th Aug., 1871.

—*The Doctor.*

*Treatment of Gonorrhea by Water.*—Surgeon H. F. Patterson, of the Royal Artillery, writes to the *Lancet* that he has, for some time past, successfully treated all cases of gonorrhea by water only. He begins with injections of lukewarm water, and continues it once an hour till chordee and scalding ceases, and then uses cold water in the same way until the case is cured. He uses no internal treatment unless it be an occasional saline aperient, and says he has not had a single failure.—*New York Medical Journal.*

*Chloroform in Labor.*—Dr. Samson regards light narcosis merely to affect the uterine pains and moderate the suffering as sufficient. The danger of deep narcosis consists in the induction of paralysis of the heart and the muscular coat of the vessels. On the other hand, a light narcosis stimulates the muscular coats, as is shown by the increased action of the heart and the contracting arteries. Chloroform is preferable to other anæsthetics; yet, in order to limit its action, it is better to make use of an apparatus for securing a proper admixture with atmospheric air; better still to mix the chloroform with two parts of alcohol; the great value of the



latter being that it retards the evaporation of the chloroform.—*Schmidt's Jahrbücher.*

*On the Corrective Influence of Bromide of Potassium on Opium.*—Dr. Da Costa in this paper states that he has had very great success in the conjoint use of bromide of potassium and opium, in those cases in which the latter drug can not be taken alone. He gives two or three twenty-grain doses—one-half an hour before the narcotic, the other three hours afterward, or sometimes a larger dose with the opium. He has used the combination in a large number of cases; in one which he gives as a specimen, the patient herself said in a note: “I have been sending my thoughts back to the time when opium was my horror, and severe pain as easy to bear as its effects. If the pain was relieved, the faintness would return after twelve, fifteen, or even twenty-four hours from the time of taking the opium. Now, on taking twenty grains of the bromide one-half hour before a dose of the watery extract, and again in about two hours, I am pretty secure. The *more bromide* I take the *sooner* do I get to sleep after a dose of opium. Two doses (20 grains each) are not enough to counteract the exciting effects and procure sleep under five or six hours from the time of taking.” The faintness from opium is the phenomenon most markedly prevented. Next in readiness of being influenced stand the headache, vertigo, and nausea; then the itching of the surface and dry mouth. In some cases the bromide fails to have any corrective influence.—*American Journal Medical Science, April, 1871.*

*Improvement of Mother's Milk.*—Mr. C. Meymont Liby, says the *London Lancet* (April 15), was consulted by a lady, who stated that her infant was becoming miserably smaller every day. On examination of the mother he found distinct consolidation of one apex, and on an examination of her milk he found it very deficient in fat. He ordered the milk to be drawn off at stated times and mixed with a given quantity of mutton suet, and that the child be fed with this from a bottle. No medicine whatever was prescribed except an occasional powder to keep the bowels regular. The result was astonishing: at the end of a fortnight the mother stated “she could see it grow,” and on a continuance of the plan the child thrived amazingly. The plan, Mr. Liby says, he has employed in other similar cases with like result.

*Prurigo Treated by Ointment of Iodoform.*—Prof. Tanturri, of Naples, has used the ointment of iodoform in obstinate prurigo. This compound, first brought prominently into notice by Bouchardat, is now employed extensively, not only for glandular enlargements, but also, owing to its anæsthetic properties, in skin diseases accompanied with intense pruritus; its odor is much more agreeable than that of chloroform, resembling that of saffron. Moretin and Humbert recommend it for internal use as possessing all the advantages of iodine, of which it contains 90 per cent., without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so powerful that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of tenesmus, hemorrhoids, etc. Moutre's formula: is iodoform, powdered, gr. xx.; cocoa butter, ʒj., melt and mix for six suppositories. For frictions the ointment is used in the strength of ʒj. to the ounce of simple ointment.

*A Speedy Cure for Rheumatism.*—Dr. R. H. Boyd states that he cures inflammatory rheumatism in from three to seven days by the following method: He gives first a full emetic dose of ant. et potass. tart., and when this has operated, five drops of tinct. opii and five drops tinct. colchici every three or four hours, and a teaspoonful of a half-pint mixture, containing ʒiv. potass. acet. every hour. When the patient becomes very hungry, and is quite free from pain, having fasted several days, he allows two teaspoonfuls of milk or one oyster three times a day, increasing the quantity gradually each day.—*Michigan University Medical Journal*, May, 1871.

*Effect of Pregnancy on the Fibroid of the Uterus.*—A. E., aged 29, married, and the mother of three children, admitted into the Royal Infirmary, Edinburgh, under the care of Dr. Matthews Duncan. Had enjoyed good health up to the time that her second child was born, when she had an attack of what she calls childbed fever. Twelve months after the fever she aborted at the third month, and since then she has aborted twice—at the eighth week and at the seventh week respectively. About four years ago a tumor was detected by her ordinary medical attendant, low down in her abdomen, in the region of the right illiac fossa.

When first examined in the infirmary she was about five months gone with child; a tumor, about the size of a fœtal head, occupied

the right illiac fossa—it was closely connected with the uterus. As pregnancy advanced this tumor was observed to increase in size and to become soft, which gave it a feeling as if filled with fluid. On returning, five months after her confinement—which was quite natural—the tumor had diminished in size, being then no larger than a turkey's egg. The probe entered the uterus three and a half inches. At this time she expressed herself as enjoying good health, complaining of nothing. A year and a half after confinement the tumor had again increased in size, so as to fully occupy the upper part of the cavity of the pelvis. About this time she missed a monthly period, but at the following period she menstruated very profusely. When examined during the attack of suppression of the menses, the tumor was found to project above the symphysis pubis, to be about the size of the fist and quite movable; on the other hand, after the menorrhagia, the uterus and tumor were observed to have shrunk into the pelvis.

*Remarks.*—It is a question of moment to patient and practitioner—one which has been answered both in the negative and the affirmative—whether or not a fibroid of the uterus may disappear spontaneously. On the solution of this question our belief regarding the efficacy of remedies toward promoting this much-desired object will in a great measure be modified. The case before us undoubtedly proves that a change in size may be produced by the supervention of pregnancy, that the disease increases with the advent of pregnancy, and that after parturition, when the uterus undergoes involution, the fibroid partakes in the diminution of bulk consequent on this. In the case reported the varying size of the tumor under different conditions was carefully examined and noted at the time. When first seen, A. E. was pregnant; at that time the tumor was as large as a foetal head. She did not make her appearance again until five months after confinement, so that an opportunity of judging of the full effect of involution of the uterus on the dimensions of the fibroid was not afforded us. At that time, however, a change in size was to be observed; it was reported as being not larger than a hen's egg. The next report was made eighteen months after confinement; then it had increased in size so as to fully occupy the cavity of the pelvis. During the whole of this period little or no treatment was had recourse to, so that the case illustrates what takes place when this disease is left to the unaided efforts of nature.—*Med. Times and Gaz.*, July 15, 1871.



## Editorial.

*The Transactions of the Indiana State Medical Society* are received, and do the association and the publishing committee very decided credit. It makes a handsome volume of 250 pages, printed on heavy tinted paper, and prefaced with a good picture of the late Dr. Bobbs. Several of the very excellent papers contributed are upon topics pertaining to obstetric medicine. Prof. Parvin, in his usual complete and elegant style, discusses two topics: the management of the placenta in abortion, and the removal of the placenta in labor proper. The most noticeable point is the advocacy of "placental expression." The doctor advocates this plan with his usual ability; and doubtless in his hands, and as he practices "expression," it may work well and safely. This is the practice of the Dublin Rotundo\* Lying-in Hospital, and our readers may remember some account of this in Dr. Connor's letter in the September number of this journal. It will also be remembered that the death rate in that hospital is a large one. Whether it is fair to refer the mortality to this feature of the treatment we will not say, but it seems to us that the procedure must encourage metritis and peritonitis.

Dr. Yandell and Dr. Clark have valuable papers on the obstetric use of anæsthetics, and Dr. Hobbs on chloroform and chloral in puerperal convulsions. Pertaining to the same department of medicine, Dr. Harvey contributes a paper on the prevention and treatment of lacerated perineum. The first part of this essay is devoted to the question of prevention, and incidentally Dr. Harvey remarks that "rupture is an accident of more frequent occurrence during parturition than is generally admitted, and is attended with more serious results than would be expected without a careful study of the anatomical and physiological value of the structure to the neighboring organs." The first part of the proposition we mainly admit. From considerable careful observation we are confident that a *partial* laceration is of frequent occurrence; but our observation, at the same time, is that very rarely these require special surgical interference. The latter part of the essay is a well-digested review of the plans of surgical relief.

There are quite a number of additional articles of interest: Dr. Haughton, on the influence of the nervous system in disease; Dr. V. Kersey reports a case of muscular atrophy; Dr. H. P. Ayers, of Fort Wayne, makes an extensive and careful contribution on the somewhat obscure subject of "*Self Pollution in Children*," in which he details the symptoms, causes, and effects of this vice with startling facts; Dr. Thad. M. Stevens reports on the "Criminally Insane;" Dr. J. F. Hibberd, on the "Progress of Medicine," and Dr. Mears contributes a biographical sketch of Dr. Jno. S. Bobbs.

We should be glad to give a more appreciative analysis of this volume of Transactions, but can not afford the space or time at present. Dr. H. P. Ayers, of Fort Wayne, is elected president for the next year, and Dr. G. V. Woolen, of Indianapolis, secretary.

*Cunderango*.—We have but little patience in chronicling of the progress of cunderango. We have already indicated our entire disbelief in all its claims. There is nothing upon which to build a show of faith. In the last number of the National Medical Journal, at Washington, we see that Dr. Bliss is expelled from the medical association, District of Columbia. We scarcely see how this could be otherwise. The whole thing is a fraud, sham, and swindle, and we deeply regret that any official influence should have been secured in its favor. The last quotation for cunderango is \$100 per pound, only sold by Bliss, Keene & Co., New York.

*Medical Teaching*.—The prospects are for a large number of medical students in Cincinnati this winter. The remarkable clinical advantages, especially at the Cincinnati Hospital, and these complemented by the arrangements for college clinics, will make a winter in this city of great value to the student and the practitioner. The Miami College starts off with an unusually large class, and we understand the other schools have classes equal to their expectations. We shall notice the opening exercises next month.

*The Medical Times*, of Philadelphia, has just completed its first year under favorable auspices, and starts afresh for another volume.

*The Public Library of Cincinnati* is rapidly approaching a very imposing place among the institutions of our city. The board of managers have recently placed us under obligation by forwarding to this office a copy of the new catalogue just issued. The volume

is itself a credit to the typographical art of Cincinnati—heavy paper is used, the letter-press is beautiful, and the binding elegant. Prefatory to the catalogue we have an historical sketch of the library, from which we learn it had its inception in 1854, and after these seventeen years of varied struggle it is in most excellent condition. The library has an income, for the purchase of books, of \$17,500, and contains 30,306 volumes. The catalogue makes a volume of 644 pages.

*Prof. Sidney A. Norton*, of the Miami Medical College, after an absence of nearly two years, engaged in chemical pursuits in Germany, has just returned, ready and enthusiastic for the duties of his chair. He brings with him a large amount of new apparatus, minerals, and various illustrative material for his department.

*Prof. P. S. Connor*, of the Medical College of Ohio, has made a trip to Europe this summer, and our readers have enjoyed some of his letters. We notice a vexatious error in the proof-reading of his last. On the bottom line, page 552, occurs the expression, as printed, “*ante-inoculations*;” by making *ante* *auto* the reader will have what the doctor intended to say, and it will make sense, which at present it does not.

*The Half-Yearly Compendium*.—Part viii., July, 1871, is received, and contains the usual careful selection of the latest contributions to medicine; especially it gives prominence to the contributions found in the various American medical journals. The busy practitioner will find in the Compendium a valuable means of keeping abreast of his profession in the midst of the hurry of practice. Price, \$3 per year; or to the subscribers of *Lancet and Observer*, \$2.

*Dr. Mary Safford* writes as follows from Breslau, Germany: “I have attended lectures upon surgery, the only woman among four hundred students, witnessing not only all operations that were made, but taking, with a class composed of all nations, a surgical operative course, where I made all operations. In anatomy I have had a like experience. I have dissected with a promiscuous class, and I have not only been present, but have assisted the professor in making several operations in his private practice upon both men and women, and in all my experience I have never encountered vulgarity in speech or act.”—*Ex.*



*The Library and Surgical Instruments* of the late Dr. H. E. Foote are placed in the hands of Prof. Mussey for private sale. The collection both of books and instruments is valuable, and physicians will do well to give this opportunity attention.

The first article in this issue should be credited to the Transactions of the Ohio State Medical Society.

*Prize Essay on "Diseases of Children."*—*Open to Universal Competition.*—The president of the Medical Society of the County of New York, Dr. Abraham Jacobi, has placed in the hands of its treasurer four hundred dollars (\$400), to be awarded for the best essay on "A History of the Diseases of Infancy and Childhood in the United States, and of their Pathology and Therapeutics."

Competitors will send their essays in English, with motto attached, and the name and address of the writer, with the same motto, in a sealed envelope, to the present secretary of the society, Dr. Alfred E. M. Purdy, 123 East Thirty-Eighth Street, New York, on or before January 1, 1873.

The committee are authorized by the society to withhold the prize if the essays submitted should not merit it.

AUSTIN FLINT, M. D.

ERNST KRACKOWIZER, M. D.

EDWARD S. DUNSTER, M. D.

*Committee.*

*Private Instruction.*—Dr. Carson will give a bedside course of Physical Diagnosis, including Laryngoscopy, beginning in November. Fee, \$10. Apply at office, northeast corner of Third and Broadway, at 2 and 7 o'clock P. M.

Dr. Jones will also give a course of Practical Instruction on the Microscope. Apply, for particulars, at his office, Baymiller, near Clark street.

*Personal.*—Dr. Wm. B. Davis has been disabled from duty for the greater part of the year past. We are glad to see his return to the city with health so far re-established as to resume practice. His many friends will wish him long life and success.

## Reviews and Notices.

*The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations.* By WILLIAM ACTON, M. R. C. S., etc., etc. Third American, from the fifth London edition. Philadelphia: Lindsay & Blakiston, 1871.

We have heretofore noticed the great excellence of Mr. Acton's book as an authority in those diseases pertaining to the reproductive organs. It gives us great pleasure to call attention to this new edition of his book, in which we find the author with great patience has brought out all that is new or of importance in the treatment of these cases.

To such of our readers as are not familiar with Acton's book, we may say that his plan embraces the consideration of topics of great interest: such as are peculiar to childhood, embracing its vices; those peculiar to precocity and included in masturbation; similar inquiries pertaining to youth and adult age, and so on through the stages of life with its inquiries. Indeed, we may say that all those delicate matters pertaining to the male sexual condition are treated in this volume with singular care and intelligence.

*Headaches: their Causes and their Cure.* By HENRY G. WRIGHT, M. D., etc., etc. From the Fourth London edition. Philadelphia: Lindsay & Blakiston, 1871.

Such is the title of a little book of such merit that we have already had occasion to commend it to our readers. It is small in bulk, but contains a bulk of excellent suggestions upon the pathology of those points which produce various forms of headaches.

*Standard Supply Table of the Medical Department of the United States Army.*

We have received from the War Department the revised edition of this little hand-book for the use of medical officers of the service. We have not had leisure to compare and see if there be any matters of change. Officers will see if there be modifications and govern themselves accordingly.

## Obituary.

*Mr. Editor:* With feelings of regret I inform you of the death of one who held a prominent position and was a useful member of the profession, O. C. Gibbs, of Frewsburg, N. Y.

He was called, on the 10th of April last, to amputate the limb of a young man suffering from a diseased condition of the femur. Upon making examination he refused to operate, saying patient would die within the next eight hours. His statement proved true.

In making a post-mortem examination, for the purpose of showing the friends of the deceased the condition of the limb, he forced into his thumb a spicula of the diseased bone. He paid no attention to it at the time. Two days after he began to feel unpleasant sensations and observed a soreness and inflammation along the lymphatics. Soon abscesses formed in the axilla and other parts of the body.

On the 22d he was unable to leave his bed and suffering excruciating agony. In the meantime Dr. Waterhouse, of Jamestown, was called, and attended him through his illness until death put an end to the scene.

On the 23d he became delirious and continued so for about two weeks. Then consciousness began to occasionally flash in upon his mind. Soon after there was a marked improvement of mind and body. Though he suffered much pain hopes were then entertained of his final recovery.

By the middle of June he was able to walk with the aid of crutches. He continued to improve in strength until the last of the month; but as the abscesses began to heal the lower extremities showed signs that the poison had affected the bones therein; viz: the lower third of the tibia and fibula of both limbs and the tarsal of both feet.

By the 1st of July the disintegration was well marked; the pain became unendurable. Relief was obtained only through the use of anæsthetics and anodynes.

Notwithstanding his intense suffering and the impairment of



his vitality, his strength continued so that he was able to walk with the aid of crutches up to the day that death came to his relief, July 28, 1871.

He was highly esteemed by his neighboring physicians and his patrons, and because of his superior intellectual endowments his advice and counsel were sought and respected by his many friends in the place where he lived.

Dr. O. C. Gibbs was born at Windsor, Ohio, October 31, 1824; graduated at a Cleveland medical college in 1846; engaged himself in his profession for a time in his native State; came to Frewsburg in 1854. He was for some time associate editor of the *Philadelphia Medical and Surgical Journal*; at another time was connected with the *American Medical Monthly*, published in New York city. Articles from his pen have been published in several of the medical journals within the past few years. E. M. CHENEY.

*Frewsburg, N. Y., Sept. 19, 1871.*

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*A Sound Lodged in the Uterus.*—Drs. Petreguin and Foltz report the following: "A woman allowed a midwife to introduce a sound into her uterus for the purpose of procuring abortion. The sound disappeared in the genitals and could not be found. Abortion followed. About four months later the woman observed a small tumor near the umbilicus, which proved to be the head of the sound. The os was dilated by means of a sponge-tent, and in the anterior wall of the uterus the other end of the sound could be felt, which had perforated the uterus near the internal os, and had penetrated upward between the bladder and uterus. The handle of the sound could only be felt in the uterine parenchyma when the woman had been walking about some time. Attempts to remove the sound by way of the vagina failed, and it was finally taken away through an incision made into the abdominal parietes. Recovery followed without further disturbance.—*Schmidt's Jahrbücher.*

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# LANCET AND OBSERVER.

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E. B. STEVENS, Editor.

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VOL. XIV.—NOVEMBER, 1871—No. 11.

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## Original Communications.

### *Art. I.—Some Points in Uterine Therapeutics.\**

By EDWARD B. STEVENS, M. D., Cincinnati, O.

At the last meeting of the Society I was designated to read a paper on *Uterine Catarrh*; but since that date such exhaustive papers have been published in this country upon this subject by gentlemen of far better opportunities for observation than my own, that I have thought it of more profit to myself and the Society to change my plan, and instead of a mature report upon a single topic, to give a more superficial review of some of the more important points pertaining to general *Uterine Therapeutics*.

I need not remark to gentlemen upon the extent or interest of the field which such inquiry opens; within a comparatively short time gynecology has really assumed wonderful proportions, and not only our ideas of its importance have greatly developed, but certainly all will agree our real and precise knowledge of the char-

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\*Reprint from Transactions O. S. Med. Soc. 1871.



acter and modes of treatment of uterine diseases has singularly developed.

It is, perhaps, true that women of the present day are more subject to these forms of diseases than their grandmothers; it would be natural to expect this; with the growth of a great country comes the luxurious habits and tastes pertaining to civilization; the slaves of fashion, and dress, and dissipation, in their endless forms, become inevitably subjects of varied forms of *invalidism*, to which women of purer and simpler habits are utter strangers. But aside from these considerations we are mostly prepared to admit that we have been steadily progressing in more accurate estimates of both the pathology and therapeutics of *Uterine Diseases*.

In traveling thus far, it is not by any means strange that very opposite and extreme views have been honestly entertained by excellent and observing authorities. Take for example the ultraisms of the Bennett school on the one hand, and the like ultraisms of Rigby and West.

The Bennett school, doubtless, have been disposed to ignore the necessity for constitutional measures of treatment, and narrowing down their pathology to one or two local affections, have placed undue stress upon the corresponding plans of local treatment! But, nevertheless, this school has done much to advance correct ideas, and without doubt we may properly associate a large proportion of the most important recent advances in gynecology to their industrious efforts and teachings.

Rigby may be looked upon as the opposite extreme of ultra opinions—an extreme, perhaps, produced by the ardent views of Bennett. At the present time, however, it is difficult to understand how so eminent a man could deliberately express such opinions as these: “Neither do I consider that organic disease of the female generative organs is to stand as an exception to the importance of constitutional treatment! for I look upon it as no more than a *fragment* of a constitutional malady.” Again: “I can no more look upon inflammation of the os and cervix as a primary disease, causing derangement of the general health, etc., than I could on a gouty toe, a rheumatic knee joint, or enlarged strumous gland. *Most* of these uterine affections are the local manifestations of *some general derangement*.” Or still again: “Ulceration of the os and cervix uteri (when unconnected with malignant disease) *is a very simple affection* of the mucous membrane

covering those parts, and *like ulceration of the throat and tonsils*, must be rather looked upon as a local result of constitutional derangement, *and treated accordingly.*" (Rigby, 1857.) So excellent an authority, too, as Dr. West, is very distinct in similar views of the superior importance of constitutional in preference to local treatment for the graver affections of the uterine structures.

It will not do to regard the teachings of such men with indifference; and there is a probability that many of us, in adopting what may be supposed more advanced notions, have vibrated toward the opposite extreme, and in a measure lost sight of the value of general medication. So, too, I fancy, that while Bennett was an ultraist in that he discovered almost an universal presence of ulceration of the os uteri, some of us, just now, are alike extravagant in the detection of universal conditions of endometritis.

We all realize too seriously how fashion governs us, and we find ourselves yielding to its control insensibly but still certainly; and this is more true, perhaps, in the field of gynecology than in any other department of our profession. What we want is the discriminating, careful, accurate judgment that will enable us firmly and independently to adhere, in our views of uterine pathology, and the proper therapeutic procedures, to the happy medium so well sung by the old Roman poet ages ago.

Not losing sight of the associate necessity in many cases of graver treatment, I may remark that there is a strong tendency, as just hinted, to rely on local measures; some of these recently becoming prominent, I propose briefly to notice; but first of all, nothing is more plausible than the idea that if the organic lesion is plain and primary, therapeutics direct is of chiefest import. In many cases this is undoubtedly true. Thus, Dr. Field, of Boston, relates a case of retroflexion with uterine inflammation, producing persistent constipation by virtue of the mechanical interference of the displacement; local treatment for the retroflexion, and a gradual reposition of the organ, with local treatment for the metritis, restored speedily the functions of the bowels. But such cases are exceptional, and while the organic trouble is the primary seat of attack, nevertheless the tendency is soon to implicate the whole system. The nervous system responds; the blood-making capacity becomes involved; and with long-continued local pain, yet she becomes, by and by, dispirited, broken down, devitalized, and in a variety of ways and directions a successful plan requires constitutional treatment. In some of these conditions of long standing,

the alterant treatment by mercury, or mercury and iodide of potash, as urged by Dr. West, is doubtless of value. But mercury is by no means our only or chief therapeutic agent. The value of iron, in some form, to build up and restore depraved or impoverished blood, is too well known to require comment. Most of us, I presume, have learned the wide range of utility secured by the use of bromide of potash, as well in states of nervous derangement as conditions of an inflammatory character. Arsenic has an important place, as an alterant, and particularly as some very good observers have thought, in the *constipation* of uterine diseases. In my own experience I have thought the *nux vomica* or *strychnia* was more efficient in meeting this indication. The judicious administration of this list of drugs will certainly facilitate the cure of these cases, and properly combined with the local therapeutics, will be found to *hasten the desired results*.

#### OPERATIONS.

The comparative impunity with which grave surgical operations have been performed upon the uterine structure, within a few years past, is something remarkable in view of the revolutionized uterine surgery of modern practice. It may not be amiss, in this connection, to allude to one or two of these. For the relief of the obstruction produced by an irremediable ante flexion, the operation proposed by Sims, and as modified by Emmett and Thomas, is to cut through one wall of the cervix, or remove a wedge of the wall, and thus substitute a straight canal for the crooked one. As just remarked, it is singular how little of unpleasant consequences has attended this operation; the philosophy of the suggestion seems plausible, but if we understand the recent reports of Dr. Emmett the results of the procedure have not been as satisfactory as was originally claimed or anticipated; and we suspect it will be found that much of the "cutting and carving" of this structure will ultimately be found to be far from the innocent character that ambitious gynecologists seem to imagine.

Of the same character would seem to us to be *amputation of the neck*. Under certain circumstances there can be no question of its propriety, and the operation has been performed ever since the days of Ambrose Pare; but for simple hypertrophied states and conical elongation, as is suggested, we can not omit this occasion to express a word of deprecation. But to continue in detail a review of these surgical points would be needlessly to extend this



paper. We will only notice one operation further that has been recently performed by Prof. Thomas, of New York, for the relief of obstructive dysmenorrhœa. Instead of making a rapid dilatation of the cervical canal by means of the hysterotome section, he proceeded simply to pare off, from about the os, a ring of tissue. Dr. Thomas claims both entire immunity from danger to the patient and successful results.

We turn to another field of brief inquiry: the relative opinions in reference to the safety of this sort of interference; and we find that Emmett and Sims have reported a tolerance of the gravid as compared with the unimpregnated uterine cavity to the influence of foreign invasion which is remarkable. Ever since the pathology of the profession has become somewhat clear as to the nature of metritis and especially endometritis, there has been a strong feeling that some plan of intra-uterine medication must surely be best adapted to the rational and speedy cure of these cases.

Now, Dr. Mendenhall, some years ago, reported the efficacy of applying persulphate of iron in solution within the cavity, for the arrest of post-partum hemorrhage; and other practitioners have adopted the same practice with safety; but here we have a fully dilated condition of the os, and there is no retention of the fluid. On the other hand, very small quantities of the blandest fluids have been forced within the uterus in the normal condition of the os and cervical canal, and frequently with the effect to produce terrible pain and symptoms of too grave a character to justify such procedure except upon most careful and guarded methods.

To this end we now resort to processes of dilatation. Dilatation of the cervical canal is accomplished in several ways and serves several useful purposes.

Means of dilatation are of themselves therapeutic as well as diagnostic; a dilating body is curative by virtue of the *pressure* it produces upon the cervical wall, and thus often itself is of advantage aside from the additional means afforded for other applications. Dilatation enables the attendant to more satisfactorily explore the canal and the uterine cavity. Dilatation enables us to overcome the narrowed or constricted cervical canal, which frequently produces an obstructive dysmenorrhœa. Dilatation affords the necessary convenience of access for intra-uterine therapeutics, as well as means of exit for fluids simple or medicated which it may be desirable to introduce.

Dilatation has its dangers. It frequently causes pain; the dilator itself may produce irritation and inflammation.

The means generally employed are some form of tent or metallic bougie. Each has its advantages and objections. *The sea-tangle tent* is smooth, is readily introduced and free from irritation; but it dilates slowly and to a limited extent. When there is no reason for haste it answers well, and its expansive power may be increased by inserting several slips of the sea-tangle side by side. *The sponge-tent* is more frequently used; I prefer it myself because it accomplishes its work more readily. It is more liable to become charged with offensive fluid, but this may be corrected by proper medication, and the time necessary for retaining it is at any rate not very protracted. A more serious objection made by Dr. Nott is the probable fact that the expanded sponge affords a surface of irritating points to the delicate tissues of an inflamed cervical canal; but I have never observed this result.

*The hysterotome.*—Some prefer to incise the cervical canal completely with the hysterotome, following with a large sponge tent. This is rapid and complete, but the process of cicatrization is likely to nullify the final result, and, as a general procedure, seems to us objectionable.

*Metallic dilators.*—Instead of tents, metallic dilators are employed by some as the more satisfactory plan. Dr. Nott prefers a form of dilating forceps, which he describes in the *American Journal of Obstetrics* (November, 1869). Without any practical experience in this instrument, I should yet think it promises to be worthy of favor. But the graduated sounds, especially the set of curved sounds of Kammerer, seem the most complete instruments devised. They are so graduated as to present a small sound to commence the process, and the increased sizes may follow at such intervals as the judgment of the attendant may approve; operating precisely upon the same plan as the surgeon overcomes a strictured urethra.

But now having by some of these processes secured the free dilatation of the canal, we may, with comparative impunity, proceed to *wash out* the uterine cavity, and apply to its surface such agents, fluid or otherwise, as may be indicated.

The intelligent treatment of chronic endometritis now seems brought within comparative reach; we may bleed this inflamed surface, with Storer's scarificator, just as we would the delicate vascular structure of an inflamed eye; we may paint the surface

with such alterants as chromic acid or iodine, or some of the various agents fitted to change or modify the condition of the living membrane.

But that which is particularly interesting is to feel quite well assured that with these preliminary precautions, we may inject this susceptible cavity for purposes of cleaning or medication, with scarcely any fear of the uterine colic, so liable to occur otherwise. In a number of cases in which I have injected the uterus with this previous dilatation, there was no more disturbance than from passing nitrate of silver into the cervical canal; scarcely so much.

*Artificial impregnation.*—It would be improper to omit, in this connection, a brief allusion to a matter that is partly therapeutic, partly physiological, and certainly among the novelties of uterine therapeutics. I allude to the proposition to produce impregnations by artificial means. The proposition is to introduce the male sperm into the uterine cavity, thrown up by means of a delicate uterine syringe. Whether the husband is first to have sexual congress with the wife, or to perform masturbation, and thus afford the needed seminal fluid, is not stated. In any event the whole idea appears disgusting to the thoughts and customs of plain-minded Americans.

Of course, nothing is indecent that is absolutely necessary for the comfort or well-being of our patients; we are not to be oversqueamish in our sentimentalities, but the process certainly savors much of the mode of propagating frogs.

Finally, these points of review would naturally suggest to us a consideration of the interesting field of intra-uterine injections. To comment upon this would open up matters too extended for the proper limit of this paper. Besides, the contributions of Drs. Nott, and Peaslee, and Kammerer seem to leave nothing more to say. There is, undoubtedly, a growing disposition just now to make this form of therapeutics available, and we believe it promises to contribute very materially to our valuable stock of resources.



*Art. II.—On the Practice and Action of Medicine.*

By F. SEYMOUR, M. D.

The ancients tried to elevate medicine to the dignity of a science, but failed. The moderns, on the contrary, are, it seems, trying to degrade it to an art. Have they succeeded, or are they succeeding?

To look over the various medical journals that present themselves on every hand; to see the new and constantly recurring remedies specifically proposed for diseases; to see the opposite views taken by the lights in the profession; to find old theories and practice swept away by what are called new and improved ones; to note the ever-changing fashion (if you please) in the combination of remedies for the cure of sickness; to witness still, in spite of all the so-called improvements of treatment, many diseases still unconquered; the change of method of cure; the various ramifications and side issues in the teaching of the *arte medendi*; to witness the different views of the different schools in their ideas of the nature and treatment of disease; to read of the wonderful cures of cases by new remedies in the hands of some practitioners, who are ready with their certificates to place in juxtaposition the views of others who have used the same treatment, in the same class of cases, without any good effect; to witness diseases that, in spite of all our efforts, we can not benefit satisfactorily, is a picture that the thinking mind can only look upon with sorrow and regret. What is the cause of this apparent irreconciliation of ideas and failure of medical success? Is it that we have not yet succeeded in understanding the laws of organic life in action, or that we have started on a wrong foundation, and deducing but few facts of truth in our way, which, while they encourage us, yet lead us, like *ignis fatui*, from the side path of the true road, encourage us with bright hopes by the partial success to the further endeavor to find the final and true one. Let us trace back the history of medicine (or rather glean), as the history of medicine has too many hoary-headed centuries to trace back from its infancy to the present hour. It is somewhat strange, as Sir Wm. Knighton, physician to King George IV., of Great Britain, wrote: "It is somewhat strange that though in many arts and sciences improvement has advanced with steps of regular progression, in others it has kept no pace with time, and we look back to ancient excel-

lence with wonder not unmixed with awe." Medicine, he says, seems to be one of those ill-fated arts, whose improvement bears no proportion to its antiquity. This is lamentably true, although anatomy has been better illustrated, the *materia medica* enlarged, and chemistry better understood.

It is singular, also, that of the leading physicians of former times but few had anything but contempt for their profession; and it appears from that day to the present hour that the practice of medicine has become the butt for the wits of every age and country; they have amused themselves at the numerous inconsistencies and contradictions of its professors; and whether we admire the former bugbear of the Parisian apothecaries (Molière), who makes one of his *dramatis personæ* say to another, "Call in a doctor, and if his physic is not agreeable, I will soon find another to condemn it;" or feel disdain at the distrust of Jean Jacques Rousseau, of the faculty, when he said, "Science which instructs, and physic which cures us, are excellent certainly; but science which misleads, and physic which destroys us, are equally execrable; teach us how to distinguish them." Do we turn to Le Sage? How sceptical and more sarcastic. Shall we mention Locke, Goldsmith, Smollett, all three physicians, who had no respect for their art? Shall we advance the names of Swift, Temple, Hume, Adam Smith, Hazlett, Byron, and many others of the modern past; and if we place Frederick the Great, and Napoleon Bonaparte, and the Prince de Ligne, and many others in the same category in relation to holding contempt for medicine, what shall we think? But Frederick the Great, who killed more in one day than (as a certain sarcastic, anti-medical partisan said) all the doctors in Europe could in a month, could well be excused his laugh. But why is this? Why, I ask, is medicine so laughed at, criticised, berated, held in contempt by its so-called friends as well as its enemies? Let us find, or, if not finding, at least try to find the great error in the track of medical science.

Let us try and see why the many different views of the nature, pathology, and treatment of disease are held by our professional brethren. It is strange to see the variance with each other are even the greatest medical authorities on every subject in medicine, and you will find hardly agreement in any disease. Take pulmonary consumption for example: The celebrated Stohl attributed the frequency of consumption to the introduction and use of Peruvian bark. Morton, equally celebrated, considered the bark an

effectual cure. Reid ascribed its frequency to mercury. Brillonet distinctly asserted it is only curable by this mineral. Rush says it is an inflammatory disease, and should be treated by bleeding, purging, cooling medicine, and starvation. Salvadori considered it a disease of debility, and tonics, stimulants, and generous diet was the treatment. Galen, the ancient, recommended vinegar as the best preventive of consumption. Dessault, and other modern writers, assert it is often brought on by the common practice of young people taking vinegar to prevent their getting too fat. Dr. Beddoes, of England, recommended foxglove (*digitalis purpurea*) as a specific in consumption. Dr. Parr, with equal confidence, declared it was more injurious in his practice than beneficial. Then look at the many specific remedies and treatment, from *oleum morrhua*, or *jecoris aselli*—which was supposed for twenty years to be of such value owing to the iodine it contained, and which was found at last to contain nothing of the kind—then reaching down to Churchill, with his phosphites and phosphates to supply the waste; and last to a series of little articles opposite to it, that it was not the deficiency but over-excess and the treatment by nitro-muriatic acid and iron, a treatment which has been known for many years. I need not speak of the glycerine treatment, or of the inhalation treatment of thirty or forty years ago, or of Bishop Berkeley's treatment, or of the present fashionable atomizing and inhaling medication, or of the raw flesh and cow-stable treatment, as these are only treatments that are intended to meet the pathological indications. But what, I say, are we to infer from all this? *Not as some might be tempted to believe that the science is deceptive or incomprehensive throughout, but have we not neglected to make ourselves acquainted with the TRUE PRINCIPLES upon which remedies act, and know too little of the true nature of diseases?* In the early history of medicine the throes of disease were looked upon as the working of devils, and the unfortunate maniac and epileptic were termed demoniacs, and to cure them it was necessary to cast the demon out, and the traces of the clerico-medico power on our art still are visible in England, for although the churchmen there have long ceased to arrogate to themselves the exclusive right, the Archbishop of Canterbury is still permitted by the laws of his country to confer degrees in physic. Next came the laying of the sick man by the road side, so that the passers-by might tell him of any treatment that had benefited others laboring under the same disease. Then came the charmers, wiz-



ards, *et id genus omni*, and further on the schools of Egypt and Arabia. What have been learned from them? The teachers of those schools, and the eminent men of Greece and Rome, the great anatomical teachers and philosophers of the middle ages, knew not the circulation of the blood. How wild were their theories, how fanciful must have been their hypotheses, and until the seventeenth century, air and not blood was supposed to be the contents of the arteries (or *air vessels*). For how many years was anatomy considered only a fit study for sculptors and painters. Even the celebrated Sydenham had long and always ridiculed the practice. The English Hippocrates by his ridicule had caused the opening of dead bodies to fall into disuse, and it was all but forgotten when Baillie published his work on morbid anatomy, a book wherein, with a praiseworthy minuteness and assiduity, he detailed a great many of the curious appearances so usually found in the dissection of dead bodies.

For several ages the state of the blood was held to be the cause of all disease, no matter how the disorder commenced. Had you a shivering fit from exposure to cold or damp (malaria was unthought of then), the blood required to be instantly purified; a fever, and the blood had to be sweetened; were you poisoned by hemlock or henbane, the blood or its blackness was the cause of all your sufferings; and even now (zymotic poisons) are the great cause, and we are going nicely back by microscopic aid to germs, and sporules, etc., and thus present science is kindly reverting us back to ye good old times. Then, to get rid of the acrimony and putridity of that blood seemed to be the desire and anxiety, and so *detrahantur sanguinariis ad deliquin et repet si opus sit* was then the order of the day. When the patient died it was all owing to the accursed black blood that still remained in the system, and treatises innumerable were written on this great subject of scholastic disputation, and how it ought to be done. In course of time another doctrine arose, that all diseases arose or originated from or in the SOLIDS, and many the partisans that took it up, so that for several hundred years the fluidists and solidists divided the schools, and like Guelph and Ghibelline ranged themselves under the different leaders. We pass to our modern doctrines.

*Inflammation*.—For a long space the stomach held indisputable sway, the celebrated John Hunter and his pupil, the great Abernethy, bringing it forward—John Hunter making the stomach hold indisputable sway in the medical schools, and John Aberne-

thy coupling the whole alimentary canal with it, under the name of the digestive organs—and for a time derangement of the digestive organs was considered the cause of all disease. Some other partialist would have it that the *liver* was the great source of all ailments, and for a time (may I not say to the present hour?) it has put a great many fees into the pockets of the faculty.

Next in succession came the lungs and heart, which speedily, to a great extent, made people bid adieu to the stomach and digestive organs, and to Laennac's invention of the stethoscope we are indebted to more minute investigation of the thoracic organs. Now we will pass from the organs and come to another matter.

*The Tissues.*—The skin became the rage, the medical rage, and the doctors were very certain a great discovery had been made when their attention was turned to it. "Derangement of the skin" explained everything. It, the skin, had a pretty long run, but like its predecessors it was destined to fall, to be supplanted by another tissue, the *mucous membrane*. In Broussais' hands it first rose to eminence in France, and the author of the Practice of Medicine (used some twenty-five or thirty years ago, and at present highly valued by some), Dr. Armstrong took it up, and carrying it into the medical schools, became such an excellent stepping-stone as to make his fortune. Everybody went to hear what he had to say on the mucous membrane, and whatever trouble you had it was the mucous membrane at fault. Following that, the *secretions* came into play. Perspiration—"checked perspiration"—was the cause of diseases, and our grandmothers use it still. Next comes the "*bile*," which was supposed to be (and is it now?) the mysterious cause of so much offense.

In the hasty sketch I have passed gout, scrofula, scurvy, because they come under the heads of the fluidist and solidist, as undoubtedly gout is a corruption of the French word "*Goutte*" (drop), and perhaps it is not so bad if one of the causes is from a "drop too much." Scrofula and scurvy, in Latin and Saxon, are the same, viz: a dry humor. But we ought not to dismiss aristocratic gout so plebeianly, for it was thought so much of, that Crabbe, himself a physician, wrote:

"Some to the gout contract *all* human pain;  
They view it raging in the frantic brain,  
Find it in fevers all their efforts mar,  
And see it lurking in the cold catarrh."

And if we view it as written in the medical books, "Gout suppressed," "Gout retrocedent," etc., it is certainly not to be sneezed at. Now, do we not pay too much attention to nosology and symptomatology, to morbid pathology, to post-mortem effects, to the end instead of the beginning, to effects instead of causes, to the entire neglect of the vital laws of life, to the neglect of the brain and nervous system as a secondary mover and cause of all atomic, and organic, and systematic change? Are we not experimenters with medicines, having no certain or fixed principles on which we can base a certain knowledge of the action of medicinal agents? Do we know why mercury salivates, rhubarb purge, opium produce sleep, ipecac vomit, or earthartics purge? It is to that point that we must lead—that power that will give us control of the vital workings of the system, by our knowledge of the peculiar actions of medicinal substances upon the human system, and which will enable us to alter, improve, that which is wrong. It is of no use supposing that if an organ is wrong we can give medicine to set it right, as if our medicines, *per se*, had the power of altering direct, by selection by the organ, any morbid or imperfect action of such organ. There must and is some power which acts between the organ and the medicinal agent, and causes the organ or secretion to perform the function desired, or else we could act upon the organ in the dead body. Now, how do opium, strychnia, arsenic, and prussic acid act? Chemically it can not be, for they produce no chemical change—no visible decomposition of the various parts of the body over which they exert their respective influences. No man in his senses would suppose it mechanical. If they acted chemically, they would always act in the same way; but we find that to-night opium produces sleep, but to-morrow night it keeps the patient awake. Ipecac vomits to-night, while to-morrow it causes sleep; while the opium vomits—of course depending upon the peculiar condition of the brain and nervous system—at the time of taking it. Well, if the action is not chemical, and can not be mechanical, can it be electrical or magnetic? These two forces are one—at least practical philosophers include chemistry under the term electricity—and the celebrated Farrady was the first to prove that all three, in reality, are mere modifications of ONE great source of power; for electrical force can be so applied to compound bodies as to cause a true chemical decomposition of its ultimate principles. Now, electricity has caused cramp and cured it; so have prussic acid and nitrate of silver. It has caused palsy and



cured it; has not strychnia done the same? As with arsenic, it has made the stoutest shake in every limb, and, like the same agent, it has cured both. If it has set one man to sleep and kept another wakeful, opium has done both. The electrical force can be so managed as to produce attraction and repulsion in all bodies without altering their constituent nature. And by the same power, we can either make iron magnetic or deprive it of its magnetic virtue. Can we not reverse the polarity of the needle of a ship's compass? Is *electricity*, then, the source of medicinal agency—the source of power by which opium and arsenic kills or cures? Let us see and know the effect of the direct application of electricity to animal life. What is its action when directly applied to living man? It has caused, cured, and aggravated every disease you can name, whether in shape of thunder-storm or artificially induced by the less energetic combinations of human invention. If, as in magnetic phenomena, it can produce, take away, and reverse the polarity or motive power of the needle, can it not give, take away, and reverse every one of the particular functional motions of the various parts of the living body to which it may, under particular circumstances, be applied? As before stated, it has caused and cured palsy, and strychnia has done the same, etc. Is it not correct to think proven that the action of medicinal substances is purely electrical, owing to the electrical condition of the brain and nervous system at the time of the administration? Is it not precisely the same power that causes mercury to salivate, antimony to vomit, and rhubarb to purge? By the same power they may all produce reverse effects. Do not these substances act primarily through the medium of the brain and nerves? In regard to how a given substance shall influence one part of the system more than another, recur again to chemistry. Have we not an elective affinity, a disposition in inorganic bodies to combine with and alter the motions or modes of particular bodies more than others? By an elective affinity precisely similar, do opium and strychnia, when introduced into the living system, produce their respective effects, the elective power of one substance being shown by its influence on the nerves of sense, and that of the other on the nerves of the muscular apparatus. But here we may ask why the influence of opium on the brain should cause one man to sleep and keep another awake, and why strychnia, by a similar difference of cerebral action, should paralyze the nerves of motion in one case and wake to motion the nerves of the paralytic in another?

The answer affords a fresh illustration of the truth of the electrical doctrine. The atoms of the specific portion of brain of any two individuals thus oppositely influenced, in either case, must be in *opposite* conditions of vital electricity; negative in one, positive in the other. And what but opposite results could possibly be the effect of any agent acting electrically on any two similar bodies, whether living or dead, when placed under electrical circumstances so diametrically opposite. By following out these ideas or principles, can we not see how or why colchicum, mercury, and turpentine can all three cause and cure rheumatism; why acetate of lead can produce and cure salivation; why cubebs and copaiba can relieve urethritis in one man and aggravate it in another; why musk may excite and stop palpitation of the heart; why the fevers of puberty, pregnancy, small-pox, etc., have each cured and caused every species of disorder incident to the respective subjects of them, and why the passions have done the same. What better proof can we have of the nature of the passions than this? Have they not each and all of them cured, caused, aggravated, and alleviated almost every human disease—each ache and ailment—to which man is liable from ague to epilepsy, from toothache to the gout? Like opium and quinine, have not every one of these passions a double electrical agency—in one case reversing the particular cerebral movements on which existing symptoms depend, in which case it alleviates or cures; in another, calling them up or adding to their rapidity when present, in which case it causes and aggravates simply?

But to account for apparently anomalous effects of all medicines it is necessary to account or explain why opium, instead of producing its usual somnolent or insomnolent effects upon particular individuals, acts upon them like antimony or ipecac? Did opium or antimony uniformly affect the identical portion of brain in all persons, the medicines could never do more than one of two things—aggravate or ameliorate the symptoms which in healthy persons it could never fail in producing. Now, if medicinal agents act by changing the movements of the cerebral parts over which they exercise their respective influence, antimony and opium by changing the electric condition change their respective characters accordingly. Indeed, by this duality of movement, attraction and repulsion, can we not explain every variety of change the body assumes, either in health or disease. Does not attraction cause the fluid matter of a secretion to become organized and consistent,

again to be thrown off by the same organ in the fluid form of secretion by repulsion. Let us consider that arsenic bichloride of mercury and alcohol in minute doses act electrically on the LIVING stomach, whether for good or evil. In large doses all three act chemically upon the same organ, for then they invariably decompose it; but the same doses applied to the *dead* stomach preserve it from the putrefactive decomposition. The mineral acids, when properly diluted, act electrically upon the human economy. In their concentrated state they decompose every part of the body, whether living or dead, to which they are applied. The poisons of the cobra de capello and rattlesnake, so deadly to other animals, have no visible effects upon their respective species, nor indeed upon any animals that want the backbone; they have no influence on shell fish or mollusca. What but electricity in its various modifications can explain all this?

To proceed. Are we not derelict in watching the phenomena of the vital living laws? What do we know of or rather teach in relation to periodicity and change of temperature? It is true we are slowly paying attention to temperature in certain diseases; but we have failed to examine the changes of the organs produced by such changes of temperature. We have not yet taught the grand unexceptionable physical law, that we must have change of motion with change of temperature, and that with change of temperature change of motion must follow, and whether it be in the shape of organic action, or secretion, or lesion, the change must take place, and that every atom of the material body is constantly undergoing a revolution or alternation; liquid or aeriform one hour, it becomes solid the next, again to pass into the liquid or aeriform state, and ever and anon varying its properties, color, and combinations, as in brief but regular periodic succession, it assumes the nature of every organ tissue and secretion, entering into or proceeding from the corporeal frame. It is everything by turns and nothing long.



*Art. III.—Medico-Legal Insanity.*

A paper read before the Meigs County Medical Society, and ordered to be published in the LANCET AND OBSERVER.

By A. L. KNIGHT, M. D., West Columbia, West Virginia.

Why the subject of insanity should have been chosen or proposed for essay and discussion before this association, knowing, as it does, the comparatively fruitless efforts that have been made for the past two thousand years to elucidate this bane of the human family, is beyond the conjecture of your humble essayist, who can see no positive good likely to result from an investigation of the various theories that have been from time to time offered, of a practical character, falling within the sphere of our medical duties; for it having been determined that a party is insane, the asylum is universally made the receptacle of such parties or patients in all well-regulated and civilized countries!

This is the best practice that could have been devised, having its only exception in this: that persons may occasionally be deprived of the society of friends and that great boon—liberty and the pursuit of happiness—and be incarcerated in jails and asylums, to drag out a wretched existence, through the machinations of malicious and designing parties, supported by the ignorance of experts, where nothing more than eccentricity of character existed. This, however, is the exception to a good rule of practice, and so rarely happens that it affects the rule but little; and were this subject better understood the exception might seldom or never obtain. I mean by this the line of demarkation between sanity and insanity, upon which the gist of this paper will be directed, inasmuch as the moral and social relations of the human family depend upon the latitude given in making this distinctive line, and this, of course, only involves the question in a medico-legal point of view, which will, in a great measure, preclude the cause or causes, and the treatment of this disease, or rather phenomenal effects of disease. And notwithstanding we abridge the subject by curtailing it in this way, still, in a medico-legal point of view, it looms up in gigantic proportions, that can only be glanced at in a paper like this.

The first in the list claiming our attention is the moral attitude

insanity holds to crime. I take this proposition, first, because the plea of insanity of late has been so frequently and recklessly urged in the courts of our country, a glance at the annals of which brings the burning blush of shame, in witnessing the cringing, fawning manner our medical brethren have comported themselves, in many instances, before tribunals in which the great moral principles of our land were involved, arrogantly testifying in favor of some wealthy, influential friend, imputing to him either directly or indirectly that state of mind that the law has defined to be irresponsible for its acts. Perhaps I am not justified in thus maligning the profession. But this state of things may happen, even where the expert gives his evidence under purely disinterested motives. Take a case for instance. A party is arraigned for a certain crime, who has wealth and influence. His astute attorney knowing the kind and quality of evidence necessary to make his client irresponsible for his act, the criminal's wealth procures it. Medical experts are called to say that the *evidence*—yes, the *evidence*—goes to show that the party was laboring under a *fit* of insanity. A *fit* of insanity! Shame! It is passing strange how willingly medical gentlemen allow themselves arranged on either side in matters of this kind, incompetently testifying, often making their testimony contradictory and irrelevant, thus lowering the respect for the profession. It is an inglorious stigma, and, perhaps, with some justice attached, for ignorance and cowardice must have their sequelæ. It is cowardly not to confess our ignorance.

There is a fine exception, though, in the case of Dr. Allen, of Memphis, Tennessee, who, being called to testify as an expert, said: "I have been a practicing physician for nearly thirty years; have been ten years Medical Superintendent of the Kentucky Lunatic Asylum, and during that time had over two thousand crazy people under my charge, and I say that the more I study the subject of insanity the less I understand it; and if you ask me where it begins and where it ends, neither I nor any physician in the world could tell you. In fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors." *Philadelphia Medical and Surgical Reporter*, April 1, 1871.

This is candor, bravery, and honesty, but perhaps savors too much of humility; for although, perhaps, he nor any other physician can neither tell the beginning nor ending of the disease, they may be able to draw very clear distinctions between a healthy or unhealthy state of mind, and with as great a degree of certainty as

he could in any other disease, yet we can not help contrasting the modesty of Dr. Allen and others with the brazen affrontery of those experts who give evidence before the courts from time to time, where evident criminals have been acquitted on the plea of insanity, and then turned loose upon society under the imbecile plea that it was a *fit* of insanity obtained *just* before or at the time of the criminal act, and passed off spontaneously with its committal.

This state of affairs is not the worst feature connected with our social relations, for it is lamentably true that for the want of judicious medical investigation many racked and wretched souls have felt the rigor of laws to which they were not mentally responsible.

Now, gentlemen, I expect by detailing these stubborn facts to awaken an interest in you upon this great question, so that it may be said that not one member of this association is recreant in his duty as a professional guardian of social relations, or indifferent to the investigation of any cause interfering therewith.

It has been said by an able jurist on the bench in this house, that "the evidence of medical experts upon the subject of insanity is of no more value than that given by any sensible non-professional gentleman."

And it was said by one member of this association, "that the learned judge was about right." This is no source of wonder, taking the reports of our courts, with the medical evidence given, as an index of medical ability. But, gentlemen, I am happy to say that such is not the case. The evidence here alluded to is nearly, if not always, given as purely expert opinions upon foregoing non-professional evidence, and the courts, in their ignorance upon the subject, have compelled medical men to give evidence, based upon the testimony of illiterate persons, who could tell nothing but the eccentric acts of the party whose sanity was in question. Medical men being compelled to yield to this mode of investigation must necessarily make many blunders. If a party might detail to you all the symptoms of intoxication in a third party, without giving you any evidence that they had seen or knew of his having swallowed any intoxicating fluids, would you be warranted in giving evidence that that third party was inebriated? Certainly not. Or, if you please, were you to see for yourselves a party with such symptoms, without knowing that he had a direct cause for them, would you unhesitatingly declare him intoxicated?



If you did you would resemble the multitude in the early dawn of Christianity, who declared the disciples of our blessed Savior intoxicated at the third hour of the day. So in dealing with this question in a legal point, we can not be too cautious in our manner of investigations, for if we are not we should not be surprised that such expressions should be made by scientific gentlemen of the other professions, and especially by those of the legal persuasion, who are, as it were, the executives in nearly, if not quite, all subjects of *morbus mentis*, at least of those brought under their authoritative attention.

But these latter gentry are generally grossly ignorant in the science of psychology, physiology, and pathology, and who, from their false training, regard the mind as an entity that can be tangibly dealt with as any other thing having a state of being.

Nor is this idea confined to the legal profession. You will find it pervading the intellectual world, and has done so for thousands of years. Flippant, would-be philosophers have, in all ages, devoted valuable time—written theory upon theory upon what they are pleased to call “the spiritual essence of man;” book has followed book upon the philosophy of inductive reasoning (upon mental phenomena), all of which having the sickly taint of referring the power of reason to this great chimerical phenomenon—the spiritual part of man’s nature. These things would not be objectionable did they give us any tangible and shining truths to guide us in this labyrinth of dark speculation. Hence we are under the necessity of seeking other channels in order to arrive at the truths involved in this question of insanity.

In order to encourage you, gentlemen, to think more willingly upon this subject, I will quote from Dr. Winslow, where he gives, at some length, his opinion after hearing Baron Branwell in his charge to the jury at York, in the case of William Dove, the insane necromancer:

“Experts in madness! mad doctors!” indignantly and offensively exclaimed the Baron.

“Why not? We have recourse to able, skilled, and scientific witnesses to elucidate difficult and disputed points in engineering, architecture, mechanics, navigation, feigned writing, chemistry, and many of the exact as well as speculative sciences, and upon what ground should we repudiate the testimony of learned and experienced men, practically acquainted with the phenomena of insanity?”

Again he says: "Far be it from me in any sentiments of compassion I may express for the unhappy lunatic, doomed to an ignominious death, to be otherwise than keenly alive to the wailings of distress proceeding from the once happy dwelling, made desolate by the ruthless hand of the murderer. Sorry should I be if I could ever ignore the terrible sufferings so often entailed by crime on the widow's hearth and the orphan's home."

The fearful results—the sad consequences of crime—should never be lost sight of while endeavoring, by carefully-considered scientific principles of medical psychology, to shield the criminal, under the plea of insanity, from the legal penalties attached to his act; but no amount of public odium to which the medical witness may be exposed, no extent of scurrilous abuse which may be leveled against him, should influence or deter him, when called upon, to give evidence in cases of alleged criminal insanity, even to the weight of a hair, in the steady, fearless, and unflinching discharge of one of the most important, sacred, and solemn functions that can be delegated to a responsible being.

Perhaps I have dwelt sufficiently long upon this part of my subject, but knowing the apathy existing in some members of this association for anything pertaining to diseases of the mind, I feel very much inclined, did time and space permit, to review in detail all points connected with our grave responsibilities and duties to that unfortunate class of our fellow-beings, dethroned of reason—that diadem and insignia of man's nobility, an emblem of royalty that places him on the pinnacle of fame, and makes him the proud ruler of animated nature. Dethroned of this, and he is degraded to the sphere of the uncultivated beast of the field, with subtle and cunning instincts, coupled with the venom of devils incarnate.

As my essay is growing too lengthy, I shall not consider our duties in relation to the business and moral aspects induced by insanity, but pass to the subject in chief—that is, to determine with exactness the standard dividing a healthy mind from insanity. When we shall have accomplished this we shall have done all that can be expected of a medico-legal investigator. Here I shall draw upon Dr. Winslow for the following interrogatories, some of which I propose a solution of. I agree with him that, before proceeding to an analysis of the premonitory symptoms of the various types and phases of mental and cerebral disorders, that they suggest themselves as a prefatory or starting point in this inquiry:

“What is insanity? Is its nature known; its essence discovered; the laws governing its phenomena understood? What is the constitution of its *materies morbi*; the exact condition of the moral and intellectual faculties, emotions, instincts, or passions during—to use the significantly suggestive language of Coleridge—‘the mind’s own revolt upon itself?’ In what does mental derangement consist? Is it an affection of the moral, intellectual, emotional, or perceptive faculties, and are the reason, judgment, comparison, memory, and imagination most implicated in the malady? Is there a type of insanity manifesting itself more in conduct than ideas? What is the nature, where the seat of the alienation of mind? In which of the mental faculties does the disease commence its ravages, and where is the precise position in the brain of the latent, insane nidus or germ? Is insanity an affection of the mind *per se*? Has the disease a psychical or a somatic origin? Is it possible for thought in the abstract to be diseased, independently of images occupying the conscientiousness? Does alienation of mind depend, not exclusively upon a psychical or somatic cause, but upon a disturbance in the normal *relations* existing (in states of cerebral and mental health) between the mental and physical functions of the brain?”

He further says that, before endeavoring to solve these subtle and abstruse psychological problems, it will be necessary to ask, “What is mind? Have we any knowledge of its *nature*, clue to its *seat*, accurate idea as to its mode of *action*, or anything approximating to a right conception of its essence?”

The foregoing interrogatories have the same interest attached to them, to the medical jurist and witness, requiring solution, as for the psychological and pathological practitioner.

Before attempting a solution of these subtile questions, permit me to say that they have not yet been satisfactorily solved by any known psychologist. Theory is all that has been presented, and in that degree of latitude and plenitude that we all feel an inclination to ignore the whole subject or substitute those of our own.

Now, to my mind, theory will answer very well when its predicates can be substituted for facts, and do not conflict with facts that present, or may be presented in the analysis:

What is insanity? A direct and satisfactory answer to this would close this paper could it be given. Many have been offered and rejected, some of which have been ingenious, but would not



stand the test of the numerous phases this disorder assumes. Could an answer be framed, even theoretically, whose propositions could, under all phases, be taken as predicates, substituted for facts, then we shall have accomplished more than has heretofore been accomplished.

Of course an *attempt* of this kind should not be made without great caution, and must be based upon the phenomena of the disease, and not the disease itself.

What is insanity? I believe insanity to be that condition in which cause and effect can not be associated in proportion to the training and education of the subject, coupled with abnormal impressions of the sequences, and impaired or loss of volition.

Before proceeding to analyze this proposition, let me show you that it does not necessarily cover idiocy or imbecility (which although are but distinctions in name), for certainly the imbecile and idiot are *non compos mentis*; yet jurists in practice compel us to make the distinction. This answer does not apply to their case, at least to the former, because he is incapacitated for training or education.

Now, gentlemen, before you deny this compound proposition you will grant this, that it will not apply to any sane mind; that a sane party can associate cause and effect in proportion to his training; that the sequelæ are expected, and impress him normally, and that he possesses volition; and that the only difficulty in the application of the answer or rule is that the condition may be feigned. That parties have feigned symptoms of insanity is doubtless true. This does not destroy the proposition. The well-informed expert would soon pierce the flimsy veil of imposition in the same manner that he would determine drunkenness. Other evidence would be sought and found before pronouncing judgment. He would ascertain that it was not the constant state of the inebriate; that he had obtained the intoxicating material; that he had imbibed it, and showed other marked effects of that material known to him. And by the same course of deduction, reasoning from sequence to cause, he can determine whether the condition under the answer is real or feigned. This conclusion would be arrived at from the antecedents or supposed causes giving rise to the disease, or their entire absence in a case of imposition. Here I might enter into a detail of the antecedents or supposed causes of the various forms of mental alienation, with some of the various

symptoms, did space permit. I shall defer that part of the subject for the present and discuss the second interrogation.

Is its nature known, its essence discovered, the laws governing its phenomena understood? These appear to my mind very absurd and far-fetched questions, beyond solution in the present state of science. We say that we know that under certain conditions seeds germinate and grow; that the plant assumes a certain form of cell structure; that it requires special food for its life and growth; that it has the inherent power, under these conditions, to digest the materials within its sphere and convert them to its own use and structure. So we say the same of the animal, with this in addition, that the animal, not having sufficient in its natal sphere, is endowed with impressibilities that cause it to perambulate a larger sphere to obtain the necessary elements of its life and growth. Possibly there are laws regulating these conditions; if so, they are easily broken, for various accidents will counteract these processes, and subvert the action of the law or laws entirely. But law or no law, we witness the phenomena of the growth, and ferret out the conditions necessary thereto, and it is rational to presume that all these qualities are latent in the germ in both the vegetable and animal, and that certain conditions develop them—that the animal's impressibilities or instincts (if you please to call it by that name) begin in the germ and grow by means of the maternal food furnished; or, in other words, the maternal impressions are transmitted first to the germ, then to the fetus in regular gradational growth during its uterine gestation. This proposition can not be objected to, because the over-pervious animals have instinct on their transition from incubation, unless we assume that all animals and vegetables have all their elements independent of parental influence *ab initio* in the germ of its existence, which, for our purpose, would amount to about the same thing, for it admits of the principle that the laws or power of mind is attached to the physical organization, and that the mind *per se* are those mental phenomena, or the sum total of accumulated and retained thought, and experience proves that a deranged physis induces deranged thought. Of course this opens a large field for speculation foreign to our purpose. We will content ourselves with our ignorance of these laws governing sane thought, and suppose that the accidents setting them aside are the laws and only rule that governs insanity, and that a disordered physis is its (the insane) essence.

“What is the constitution of its *materies morbi*?” This question is evidently answered in the foregoing, if the position in it is well taken—that is, that any cause operating versus the law or laws of sane thought would legitimately take the place of the constitution of its *materies morbi*.

The exact condition of the moral and intellectual faculties, emotions, instincts, or passions during a mind's revolt upon itself. These are simply high-sounding, arbitrary terms, for which we have no fixed standard, and only serve us as means of comparison in the individual case compared with their condition in his sane state.

“Is there a type of insanity manifesting itself more in *conduct* than in *ideas*?” Such a type can exist possibly where volition is much impaired or wholly wanting. Doubtless this does frequently happen; and this type would constitute one of the most difficult to define in a court of justice. The party reasons well upon cause and effect; is, perhaps, nominally impressed with sequelæ, and yet shows by his acts a perversion or loss of will. I need not add that this type is the most obnoxious to the perversion of our moral and social relations. Thousands of happy homes are rendered desolate in all that goes to make home happy; bankrupted in property, in kind acts, prudence, charity, and reciprocal love.

What is the nature, where the seat of alienation of the mind? This is only a slight variation of former interrogations, the first part of which has already been answered as far as we are capable of answering it. But I will put it in other words. The nature of mental alienation is *natural*, in the fullest acceptation of the word, for experience proves that twenty-five per cent. of insanity has its *nidus* laid in the fetal germ, parentally transmitted, which is evidently a malformed physic, even if you extend or trace it to the nerve fluid. And I am very much inclined to the opinion that all cases could be traced to hereditary influences, had we at all times the means of carrying our investigations that far. And I look upon the causes that are supposed to induce this alienation as nothing more or less than so many exciting causes, acting upon an organization having in its beginning the seeds of the disorder implanted within it. This I offer with modesty and caution. I come to this opinion from the analogy of this to other supposed hereditary diseases.

You will please to see that the foregoing definitions of the inter-



rogatories propounded by Dr. Winslow are based upon the condition constituting insanity, its varied phases and phenomena, in the same manner that we estimate machinery by its works and functions, and will be valuable in proportion that they hold good in practice. If they do hold good we come to this conclusion, that the disorder has its existence in the material organization, and perhaps confined to the *genus homo*; that it is recognized by its phenomena; that its apparent varieties are only different phases of the same disease, modified perhaps by the multitude of exciting causes, and that the classification of these phenomena are only arbitrary names, introduced under a false notion, to facilitate an elucidation of the disease, which custom and the rules of our courts almost compel the medico-legal jurist to follow.

Taylor, in his "Medical Jurisprudence," says that the law of England recognizes two states of mental disorder or alienation: 1. *Dementia naturalis*, corresponding to idiocy; and, 2. *Dementia adventitia*, or *accidentalis*, signifying general insanity, as it occurs in individuals who have once enjoyed reasoning power. Lunacy is a term generally applied by lawyers to all those disordered states of mind which are known to medical men under the names of *mania*, *monomania*, and *dementia*, and which are generally, though not necessarily, accompanied by lucid intervals. The main character of insanity, in a legal view, is said to be the existence of delusion, *i. e.*, that a person should believe something to exist that does not exist, and that he should act upon this belief, and that these delusions should be such as to lead him to injure himself or others, in person or property, before the case is considered to require legal interference. There is yet one other condition that to my mind is insanity, that the courts have taken cognizance of, that may be exempt from delusions—that is, unsound mind—*non compos mentis*—where a party shows incapacity to manage his own affairs, make a will, etc.

Some psychologists have attempted to draw a distinction between this and insanity, but, to my mind, their arguments have not been based on tenable grounds; and it is remarkable how closely the state of mind will be scrutinized, by parties pecuniarily interested, of a demented testator, when that same party could or did contract marriage, thereby entailing his disability upon hundreds, perhaps thousands, of unborn creatures, in the very face of friends, and those styling themselves philanthropists, with perfect impunity. Here I might give you the general rulings of the

courts upon this particular branch of insanity, but I will not occupy your time with that tedium.

Medical jurists have generally treated insanity under these distinct forms, viz: Mania, dementia, monomania, and idiocy. There is little difficulty in determining the first, with the symptoms of which you are all perhaps conversant, unless it be feigned, and here, as before said, the antecedents will be your guide in a great measure; besides the feigned symptoms are generally overdone, the acts are generally more violent than the expression of the eye would indicate to be unfeigned; the party shows an inclination to be thought insane, which is never the case with this madness. If the impostor be closely watched, it will be found that he requires sleep, or has slept well during his supposed secretion; you should look well to the motive for setting up the plea. If it be found made to escape punishment, especially for the graver offenses, suspicion of the imposition always attaches, or at least, in my opinion, should attach.

*Dementia.*—The characteristic difference between this and idiocy is the lucid intervals, previous sanity, and the ability perhaps to entertain some train of thought; in other respects it would be idiocy accidental, if I may be allowed the expression.

Monomania is certainly a barbarous term, introduced by the legal profession, for insanity upon any one thing would fill this condition; but in a legal view it is not so hard to comprehend, as it recognizes murderous or suicidal mania; that the emotions are excited to that extent that will is powerless to restrain the murderous act. This would be extremely hard to determine; but were we to see a party that was apparently always under self-control on all occasions, with a manifest desire to kill exhibited in his demeanor, or confessions, it would be strong presumptive evidence of homicidal mania. And this presumptive evidence would be very much supported could we discover an hereditary predisposition to the disease in any of its forms, for this monomania to medical men is only regarded as a special type of the disorder. Yet we see, according to Chitty, that proof of paternal insanity of itself is not admissible as evidence in either criminal or other cases; but the courts have regarded it as strong collateral evidence. Still, in my humble opinion, it has been too much ignored, especially if we admit the proposition advanced in a former part of this article.

I am sorry that space will not allow a longer discussion of these four medico-legal definitions, as we will often be embarrassed in

making a case fall within these types, and still be able to find a case of so much mental disorder as to create an incapacity for managing the ordinary affairs of life.

"Dr. Connelly has suggested one method which it would be advisable to adopt," says Taylor, "namely, to cause the individual to express his thoughts in writing; he would not here be led to suspect that he was being subjected to an examination for a hostile purpose."

This part of our subject grows in interest should we extend it to various rulings of the courts in this and other countries, in which they have required test for the incompetency to contract marriage, make wills, transact ordinary affairs, the exact point for the restraint of liberty, etc., a fair discussion of which would require more space for each proposition than has been taken for this article.

I have attempted in this a general introduction to the subject; have tried to clear up the rubbish that overlies the starting point; have made several new propositions for your consideration that I think will aid us in dealing with the question, in the circumscribed sense to which the courts confine us; have purposely omitted all the supposed exciting causes of the disorder—the various symptoms by which the disease may be recognized—as foreign to this essay. If I shall have aroused your interest in the subject, I shall consider that I have accomplished a great deal.

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#### *Art. IV.—A Case of Puerperal Convulsions.*

By C. B. HALL, M. D., Miller's, Ohio.

On the 24th of July, 1867, I was called to Mrs. H., a short, thick-set, dark-complected woman, aged 17, in her first labor. Her residence was about four miles from my office, and I arrived at 8 o'clock A. M. I found her sitting on a chair, and soon observed that her pains were strong and frequent. I made the examination at once, found the os pretty well dilated, head presenting, and everything apparently favorable. Shortly after she took the usual obstetric position on the bed. About 9 o'clock, during the acme of a pain, her eyes began to dance in her head, the muscles of her left cheek to



twitch, her head was drawn violently to the left and slightly upward, and she went off into the most violent, horrible convulsion I ever witnessed, the face and lips turgid and purple, frothing at the mouth, etc. As soon as possible I tied up the arm, and took about a quart of blood. I also dispatched a messenger to my office for chloroform. I showered her head freely with cold water from a pitcher, again and again. She did not recover consciousness, but lay in a stupor with slight convulsion with every pain. At half-past ten o'clock she was delivered of a fine, large boy. The placenta followed shortly, and the uterus contracted satisfactorily. I now hoped the convulsions would cease. Not so. In about an hour she was violently convulsed. I gave her  $\mathfrak{zj}$ . pure chloroform. Also  $\text{gtt. iv.}$  croton oil, followed in one hour with an enema of castor oil and spirits turpentine, beat up with egg.

In a short time the bowels were thoroughly evacuated. The stupor still continued, but no convulsion for three hours. I had the hair removed, and ice applied to the occiput constantly. I left some chloroform, and directed  $\mathfrak{zss.}$  to be given after each convulsion, should any occur. On making my visit next day I found she had had two slight convulsions, and they were even the last. The ice to the occiput was continued for three or four days, and she had calomel and pulv. antimon., and laxatives, and toward the last quinine. She made a good recovery. The four days from July 24 to July 28 are a blank to her.

On the 17th of October, 1870, she was confined again, without a bad symptom.

The point to which I would call special attention is the use of pure chloroform by the stomach. Its power to arrest convulsive action, when taken in this way, seems to be magical, while I can not help thinking that its use by inhalation must be detrimental, by interfering with the due aeration of the blood. This will be more apparent if we reflect how very imperfectly the function of respiration is performed by a patient laboring under convulsions; and how important it is that the carbonized blood should be oxygenated.

*Art. V.—Suppression of Menses Caused by Imperforate Hymen.*

By E. J. McCOLLUM, M. D., Tiffin, Ohio.

I was called to see Miss L—— H——, aged 17 years, whom I found suffering severe pain in the lumbar region and in the womb. She was tall and pretty well developed for a virgin of her age. I inquired of her mother whether she had ever menstruated. She informed me that she never had. I directed a warm hip-bath, morphine, camphor, hydrate of chloral and chlorodine, with a view to relieve pain. On the third day she was entirely relieved of pain. I then prescribed mild emmenagogues, expecting to establish the menstrual discharge in one or two months, but was disappointed. In twenty-eight days from the time of my first visit, I was called again, and found her suffering worse than when first called. Narcotics, saporifics, fomentations, and clysters were again resorted to, with less effect than on the former occasion. At this time I could distinctly feel the uterus through the clothing and walls of the abdomen. I told the mother there was some anatomical or unusual cause of the suppression. I directed the mother to send for me the next time the pain returned, and I would examine her per vaginum. One month later I was called in haste by the father, who stated that she suffered intensely, and that former remedies had failed entirely; he said he feared, if not relieved, she could not survive long. At this visit, June 16th, I took along such instruments as I expected would be needed. Upon examination I found the vagina entirely closed by the hymen, the uterus distended to about the size of a gravid uterus in the fourth or fifth month. The pressure on the hymen, caused by the fluids retained in the womb and vagina, caused the hymen to protrude even with the external labia. I made a free incision of the hymen, which I found about three lines in thickness.

I had the gratification of seeing my patient entirely relieved after discharging sixty-four ounces about as thick as honey. By making pressure on the womb, the entire contents were discharged, the enlargement and pain disappearing simultaneously.

Should any of my professional brethren meet with a similar case, I hope their modesty will not keep their patient suffering three months.

## Medical Societies.

### CLARKE COUNTY MEDICAL SOCIETY.

Fifth Session of the Twentieth Year—Subject, Anæsthetics.

The Clarke County Medical Society held its regular monthly session for October, on yesterday afternoon (9th), commencing at 2 o'clock, in Central Hall. Present, Drs. Banwell, Bryant, Buckingham, A. Dunlap, Hazzard, Hayward, Kay, McLaughlin, Owen, Pollock, Reeves, Rice, D'Richey, R. Rodgers, J. H. Rodgers, and Senseman.

After calling the Society to order, the President, Dr. Senseman, announced the regular order of the day to be the discussion of the subject of ANÆSTHETICS.

Dr. Hazzard commenced the discussion by reading an able essay upon chloroform, which he was pleased to term the King of Anæsthetics. Chloroform was an active, subtle agent, composed of hydrogen one part, carbon two, and chlorine three, of a clear color, with a specific gravity of 1.45 to 1.5, not inflammable, very volatile, and sparingly soluble in water. Its vapor was four times as heavy as atmospheric air. Too much attention could not be given to the purity of chloroform. No article should be used with a specific gravity below 1.48.

Much emphasis had been laid upon the proper mode of administering this article, and many contrivances had been invented, by which a due proportion of atmospheric air might be admitted into the lungs at the same time with the anæsthetic vapor. Previously to entering upon a capital operation, the surgeon scrutinizes every vital organ of the body in order to ascertain whether there are any obstacles in this direction to the use of chloroform. Especially will he examine the brain, heart, and lungs, which constitute the great tripod of life. A weakened state of the right side of the heart, with enlargement of the veins, indicate the necessity of caution, to say the least, in giving chloroform. Fatty degeneration of the muscular structure of the heart were enumerated as belonging to the excluded cases. No judicious physician would venture



the administration of chloroform in a case of feeble, unduly slow, or unusually rapid and intermittent pulse, with fainting spells and paroxysms of dyspnœa. Hard drinkers were not favorable cases. Chloroform should be given slowly and cautiously to persons who are suffering from great fear and apprehensions from its use. Some importance was to be attached to the position of the patient, the recumbent posture being far preferable.

As the patient comes more and more under the influence of chloroform, we have the following succession of symptoms, according to Dr. Snow, who is one of our best authorities upon this subject: *First*, we have the slight stimulant effect, by the first two or three inhalations, as manifested by the hurried breathing and quickened pulse. *Second*, there is an increased insensibility and wandering of the mind. *Third*, all the preceding symptoms are intensified to entire unconsciousness. *Fourth*, the complete relaxation of the muscular system. Dr. H. remarked that it was during the fourth stage of anæsthesia that the surgical operation should commence, and, if possible, this fourth stage should be maintained during the whole operation. If, however, it was found that untoward symptoms were appearing in the meantime, the chloroform should be immediately discontinued, and the patient brought from under its influence as soon as possible.

Dr. H. then reviewed the opinions and practices of Drs. Bedford, Arnott, Dawson, and other eminent medical practitioners of this and other countries, in regard to the comparative merits of chloroform and sulphuric ether, in which he seemed to favor the claims of the latter on the score of safety.

Dr. Kay said that the discussion of to-day would be a "new departure," so far as the age of topics was concerned. The society had thus far, during the present year, been reviewing medical subjects of many centuries standing. The theme of to-day, Anæsthesia, belonged exclusively to modern medicine. The world had been utterly ignorant of any agency capable of rendering the human system temporarily insensible, for surgical purposes, until the 11th day of December, 1844. During the first week of said month, Dr. G. Q. Colton, of New York, had commenced a course of lectures on chemistry, in the city of Hartford, Connecticut. On the 11th of that month Dr. Colton had so far progressed with his lectures as to treat of *Protoxyde of Nitrogen* or *Nitrous Oxyde*, commonly called laughing gas. During the experiments which were made

with gas, one of the students, who was under its influence, fell and injured his arm. This injury, which was somewhat painful, came under the immediate notice and care of Dr. Horace Wells of the last-mentioned city, who, upon observing the insensibility of the patient under surgical manipulation, remarked, in high spirits, that this fact might afford a valuable hint to the profession. On the same day, Dr. Wells had himself put under the influence of the nitrous oxyde, in order to have a defective but strongly adherent molar tooth removed from his jaw. The operation was performed by the dentist (Dr. Riggs) without the least pain, whereupon Dr. Wells, on awaking, exclaimed, "This constitutes a new era in surgery." And subsequent history showed he was right. Soon as Dr. Wells had realized the truth of his theory, he entered upon further experiments, with favorable results, and not long afterward succeeded in introducing the system of Anæsthesia into general use in Hartford. To America, then, must be awarded the credit of this wonderful and beneficent discovery.

During the winter of 1845-46, Drs. C. T. Jackson and W. T. G. Morton, of Boston, commenced experimenting with sulphuric ether, and they finally succeeded in introducing it to the profession as an anæsthetic, to be used instead of the nitrous oxyde. Although the vapor of ether was thus substituted for the gas, yet to Dr. Wells should be accorded the high honor of having first discovered and promulgated the fact that temporary insensibility could be safely produced for surgical and obstetric purposes. Drs. Jackson and Morton, however, had assumed a sharper lookout for the honors and emoluments of so important a discovery. They had so far succeeded in aggrandizing these, both by medals from Europe and by acknowledgments from the American Congress, as to make it extremely difficult for Dr. Wells' needy heirs, subsequently, to secure that requital which was their due.

But it was not until the spring of 1847, when the celebrated Dr. J. Y. Simpson, of Edinburg (afterward justly knighted Sir James Simpson), the great obstetrician of the North, introduced chloroform to the notice of the profession, that this anæsthetic came thoroughly in vogue. Professor Simpson not only brought forth a new anæsthetic agent, but he pushed it into a new field, viz: his own special branch of medical practice. This constituted an immense field, for he used chloroform in natural as well as preternatural cases, and that, too, with the most delightful results as regarded safety and diminution of suffering. Owing to Dr. Simpson's over-

shadowing influence in the medical world, his views and practice were soon adopted in almost every section of the globe. This noble benefactor was strongly opposed, at first, by a certain class of narrow-minded scientists, and by bigoted persons (none of whom were women, however), who held that Sir James Simpson's practice was a sinful attempt at setting aside the decree contained in the 16th verse of the 3d chapter of Genesis. These caviling persons belonged to the *anti-Gallileo* and the *cursed-be-Ham* schools of theology. A little of this same prejudice prevailed yet, but happily it was fast melting away like frost work before the rising sun.

Dr. K. then proceeded to discuss the comparative merits of sulphuric ether and chloroform. He had used both in painful surgical operations, but preferred the chloroform, having used it more than one hundred times. It was preferred, as an anæsthetic, almost everywhere outside of Boston, where they still adhered to sulphuric ether. He chose chloroform for the following, among other reasons: 1. It required a less quantity and less time to produce anæsthesia. 2. Its odor is far more pleasant and less sickening. 3. It is less irritating to the lungs; and, 4. There is less headache and other ill feeling experienced by the patient upon recovering from the somnolent state. He had frequently used anæsthetics in Dr. Simpson's class of cases, and that, too, with the most intense satisfaction. With cautious and skillful use these agents add greatly to the safety as well as comfort of the patient. Our great mission should be regarded as twofold: 1. To preserve human life; and, 2. To allay human suffering.

Dr. Reeves said that he was an anti-chloroform man. There were too many deaths from the use of this article to suit him. There was no need of using it at all. Although Prof. Gross, of Philadelphia, used chloroform exclusively and had lost but one case, it should be borne in mind that Dr. Gross was one of the most cautious operators in the world. His success was owing more to his extreme caution and carefulness in using it than to the innocence of the chloroform. This agent was too powerful for the human system. He did not approve of the course pursued by Drs. Jackson and Morton, of Boston, in laboring so arduously for self-aggrandizement, but he thought that those men had introduced to the medical profession a far better anæsthetic than chloroform when they brought out the sulphuric ether. To Dr. Simpson should be given the credit of having established the use of chloroform in the medical profession; and therefore Scotland, and not America,



was the country to which this honor should be given. Dr. Simpson had more fully grasped the subject of anæsthetics in all its bearings than any other man of his day. Dr. Reeves thought that a friend of his by the name of Seeley had preceded even Dr. Wells in his discoveries of the uses and benefit of nitrous oxyde gas. Dr. Reeves remarked that so long as sulphuric ether could be used the chloroform should be dispensed with. The other never proved fatal. Oil of peppermint was an anæsthetic that would prove of value under certain circumstances. The *Boston Medical and Surgical Journal* occupied the true ground upon this subject. The analytical tables of these Boston men were full and conclusive upon the merits of these two great remedies, and the superiority of the ether was demonstrated beyond successful contradiction. He did not believe that our American army surgeons gave the worst features of their experience with chloroform. By the way, there had been some miserable surgery practiced by those same men as a class, and their statistics were in some respects somewhat unreliable. Dr. Reeves then described the different stages of chloroformization, and, among other things, remarked that the last stage was the only one that was of any avail practically to the surgeon, and that this stage was a state verging on death. He closed his remarks by exhorting to the use of ether instead of chloroform. The day was coming when this would be done by surgeons and physicians all over the world. He did not wish to have it understood, however, that he would refuse to administer chloroform for a medical friend who should call him in to assist in a surgical operation. He did not deny that in some cases it could be used with comparative safety, but even in the most favorable cases for chloroform, ether would be still safer. When Prof. Pancoast operated he always seemed perfectly calm and unconcerned, knowing that his anæsthetic—ether—would not endanger the life of his patient, while, on the contrary, Prof. Gross, under the same circumstances, seemed anxious and restless, as if constantly on the lookout for trouble from his chloroform.

Dr. Owen observed that some persons were inclined to make the whole subject of anæsthetics turn upon the consideration of one substance, viz: chloroform. After a frequent use of this article for many years, he had never met with a single case of death from it. In most of the cases of deaths which have occurred in the world from chloroform, it has been the result of carelessness or ignorance in its administration. He had used the sulphuric ether, but with far

less satisfaction. It was less prompt and less complete in its action than chloroform, and in every way a far less pleasant anæsthetic to use, either in surgery or obstetrics. He thought the time would never come in which the former would, by the profession, be preferred to the latter. Ether was calculated to exalt and greatly excite the sensibilities of the patient for a long time after its first administration, so that the whole physical and mental state of the patient was unfit all that time for the surgical operation. Ether made the patient laugh, scream, and cry, and perform other evolutions that hindered rather than helped the surgeon. Dr. Owen then proceeded to give his views of the different kinds of cases in which neither chloroform nor ether should be used except with extreme caution. There were some cases in which they should never be used at all. By observing the rules of administration there need be but little fear from the use of this potent but highly useful class of remedies. The doctor mentioned several interesting cases, illustrating his views of anæsthetics generally and chloroform especially.

Dr. J. H. Rodgers remarked that, taking it all together, anæsthetics were about as safe as any other remedy commonly used in dangerous injuries or diseases. Of course anything of equal potency might, under certain circumstances, become somewhat dangerous, but we should take into consideration the fact that the surgical injuries and diseases in which anæsthetics are usually employed are of themselves highly dangerous. Many deaths are thus charged upon the anæsthetic wrongfully. Chloroform was not only the most pleasant thing that could be used, but the difference against it in safety was not sufficiently established to deter us from giving it the preference. Dr. Rodgers gave some interesting facts in regard to the use of chloroform in the Crimean war and in the European hospitals. Out of thirty-nine thousand cases there recorded we find that there was not a single death attributable to the agency under discussion. Few, if any, deaths occurred from the use of chloroform in the late American rebellion. In the vast proportion of surgical cases there treated chloroform was used, and it was regarded as indispensable. Dr. Rodgers then spoke at length upon the rules of administering chloroform. There was oftentimes more used in a given case than was necessary. It was unwarrantably prolonged. He liked the plan adopted by the late Sir James Simpson. This gentleman brought the patient gradually under its influence by using a handkerchief put into funnel shape, and then

adding the chloroform drop by drop. In this way there was scarcely any chance of overwhelming the patient with the medicine. Dr. Rodgers related some interesting cases reported of Dr. Simpson's practice, and commented upon the lessons taught by these reports. Chloroform was useful in *delirium tremens* and in other nervous diseases. He always used chloroform in preference to ether. Ether was safer in some cases, especially where a stimulant rather than a sedative effect was desired.

Dr. McLaughlin had seen chloroform used with the happiest effect. He did not feel disposed to discuss the subject to-day, but would simply propound a question which might be of interest to the profession and to the community. Is it possible for burglars to render their victims insensible for the purpose of committing robberies? It was a common belief that they could, but he did not believe it. Such a thing might be possible, but he regarded it as highly improbable. Dr. M. then made some humorous and sensible remarks upon alcohol as an anæsthetic and illustrated his views with examples.

Dr. Bryant had witnessed the giving of chloroform in about three thousand cases without a single case of death from its use. He mentioned its use in the late rebellion, enumerating six or eight of the principal battles in which he saw it used. He had been interested in the question of preference as between chloroform and ether. He preferred chloroform all the time. During the war chloroform, either pure or mixed with ether, was used as the anæsthetic. He had always used chloroform with extreme care, and anxiety oftentimes. In the army a funnel was used in giving it. He never was admonished but once to desist from its use before the operation was completed. Dr. B. discussed the effects of chloroform upon the mind. It called forth the peculiarities of temperament and nationality. Several instances were given of his experience in the army illustrative of this subject. Some were almost equal to De Quincy's account of the effects of opium. There was much difference between military and civil practice. He had noticed that in the military practice there was less trouble in bringing the patient fully under the influence of the chloroform. This may have depended upon the soldier's habits of life or some other cause which he would not pretend to explain. He had scarcely ever met with an instance in the military practice where the patient did not take kindly to the anæsthetic in the first place or where any untoward symptoms arose afterward. In many cases



there is hyperæsthesia. This hyperæsthesia had been noticed in a far greater proportion of cases in civil practice than in military. The reasons why these differences exist might be a nice point for medical philosophers to determine. Dr. B. did not believe that chloroform was ever successfully used by burglars in the pursuit of their nefarious business.

Dr. R. Rodgers did not wish to consume the time of the society in discussing the subject of to-day, but he would simply add his testimony in favor of chloroform. He had used it frequently, and always with the most satisfactory results. He had never been disappointed with it either in surgical or obstetrical practice. The promptness, pleasantness, and certainty with which chloroform acts make it a commendable remedy against pain in these departments of the practice.

Dr. Pollock regarded the article under consideration one of the greatest boons to man. Much unfairness had been adopted by some authors and journalists in arguing against the safety of chloroform. No remedy could stand the tests which these exacting critics were disposed to apply to chloroform while considering its merits.

Dr. Buckingham had used and witnessed the use of chloroform in very many instances but had never met with a fatal case. He was always careful and felt anxious in its use. He prepared a silk handkerchief partly saturated with the anæsthetic. He never met with a case where the patient could not be brought under the influence of chloroform. He had the first bad effects to see from its use. It was not best to use it in cases of minor surgery; but to require a patient to go through with a painful operation, at this late day, without the benefit of an anæsthetic, was an unjustifiable cruelty. In regard to Dr. McLaughlin's question, he had but little faith in the ability of burglars to make their victims insensible for purposes of plunder. Unnecessary fears were entertained on this score.

Dr. Banwell related a case of death from chloroform occurring in one of the Cincinnati hospitals. He preferred chloroform to ether from what he had seen of their use and effect; ether made the patients too uproarious and otherwise unmanageable.

Dr. D'Richey said that while Simpson claimed that the mortality in hospitals was diminished since the use of anæsthetics, Arnott denied it. Dr. D'R. discussed the effects of chloroform upon rats, dogs, and cats, and deduced from these experiments the idea that a rapid

induction of anæsthesia paralyzed the whole nervous system irretrievably. He had also experimented with nitrous oxyde and carbonic acid gas. He regarded the anæsthetics under discussion as antidotes to strychnine.

Dr. Senseman felt much interest in the subject under discussion, especially since Dr. Reeves had made such a ruthless attack upon chloroform. Dr. Senseman summed up the experience of the whole medical world upon chloroform, and showed in a vast majority of cases the highest medical authorities were decidedly in favor of chloroform as against ether.

After the transaction of several items of business, the Society adjourned to meet again on the second Thursday in November next.

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#### ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Bromide of Potash and Chloral Hydrate.*—Dr. J. P. Walker read the following letter from Dr. Maisch, of Philadelphia, in reference to the combination of these two remedies:

PHILADELPHIA, July 22, 1871.

DR. J. P. WALKER—*Dear Sir:* Your question in regard to the compatibility of chloral hydrate and bromide of potash, I must answer that I regard them as *perfectly* compatible. I have seen and put up many prescriptions in which the two were combined. Speaking in general terms, neutral salts do not affect the chemical composition of chloral hydrate; neither does sugar. But chloral hydrate kept in aqueous solution is (or rather seems to be) gradually decomposed. How? I do not know. Your question led me to infer that the gentleman who has made assertions at variance with the above facts, has operated only with the ordinary chloral hydrate in crystalline cakes. On approaching this with ammonia, white fumes are always given off, which is not the case with pure chloral hydrate. The pure—besides Rickie's tests given some time ago in the *American Journal of Pharmacy*—should slowly evaporate from paper in the open air and at ordinary temperature *without becoming moist*.

I have seen cake chloral hydrate containing enormous quantities of anhydrous hydrochloric acid (and possibly chlorine?), and I attribute many—perhaps all—the failures and bad effects of chloral hydrate to this impure form, which is in a continual state of decomposition, from which only crystallization can free it. In my opinion, all pharmacists dispensing other than perfectly crystallized chloral hydrate deserve the severest censure.

Yours truly,

J. M. MAISCH, P. M. D.

*Dr. Ludlow* said the Academy had taken no such position as had been attributed to it in *Dr. Maisch's* letter. None of the members of the Academy, to his knowledge, had said that, chemically, hydrate of chloral and bromide of potassium were incompatible. What he had said was, that there could be no such thing as syrup bromide of chloral, and that the two remedies would not combine so as to form such a mixture.

*Dr. Unzicker* was glad that *Dr. Maisch* had been written to, but thought we would have had a different answer if the following prescription had been sent for examination, which is the formula of the preparation or syrup referred to by *Dr. Ludlow*:

R. Chloral hydrate.....grs. xv.  
 Bromide of potassium.....ʒ ss.  
 Tinct. card. comp.....ʒ ij.  
 Simple syrup.....ʒ vi.

M. sig. Take one half to be taken at a dose.

The prescription as made would certainly decompose the chloral. He thought the bromide of potash did more good than any other ingredient of the mixture.

*Dr. Walker* explained that he had no reference to anybody's prescription or mixture; his only object was to ascertain what, if any, incompatibility there was in combining chloral hydrate and bromide of potash.

*Dr. C. O. Wright* thought there was no incompatibility in combining the two remedies, and related a case, heretofore reported to the Academy, of neuralgia, in which he had given chloral hydrate separately without any hypnotic effect. In a subsequent attack of the same disease in the same person, he gave the chloral and bromide of potash combined; and within twenty minutes, he had the pleasure of seeing his patient under their influence.



*Singular Case of Anaesthesia.*—Dr. C. O. Wright reported the case of a negro whom he had treated for various ailments without being able to determine what was the cause of his suffering. Subsequently the man came under the treatment of Dr. Tucker, who, on examination, accidentally discovered that he was a case of complete anaesthesia. Pricking the extremities or any part of the body with a pin elicited no manifestation of pain or sensation whatever. Even plunging a pin up to the head in any part of the patient's flesh produced no pain.

*Treatment of Gonorrhea with Medicated Bougies.*—Dr. Graff exhibited specimens of bougies prepared by using tannin, carbol. acid, nitr. silver, and other agents, incorporated with sufficient gum arabic or like material to render them consistent. He called the attention of the Academy to the treatment of gonorrhea by means of these bougies. He did not claim this as a new method of treatment, but as one having some advantages over methods of treatment usually employed in these cases. It is cleanly, easy of application, and the entire surface of the urethra is thus completely and thoroughly medicated. He had treated twenty-two cases with these bougies, all successful but one. He regarded it as a plan of treatment well adapted to the incipient stages, as also to all stages.

Dr. Connor could not see what, if any, advantage medicated bougies had in the treatment of gonorrhea over medicated solutions well and thoroughly applied, as could be done by the employment of such an instrument as was exhibited some time since to this Academy by Dr. G. B. Orr.

*Fatal Case of Hæmoptysis.*—Dr. Carson reported the following :

Hannah —, colored, aged 50, unmarried, was admitted to the Cincinnati Hospital some three weeks ago, with a history of considerable trouble in her throat a year since, and of pulmonary symptoms more recently. Laryngoscopic examination showed that the epiglottis had been about one-half destroyed; that on its laryngeal aspect there were three small tumor-like growths of the size of a very small pea, and that on the left false cord there was a growth which looked like a circumscribed hypertrophy of the cord, and which reached across and indented, apparently, the opposite one. The right cord looked redundant, but had not the tumor-like projection which the other had. There was also destruction of the septum narium and of portions of the soft palate. She de-

nied having ever had syphilis. The larynx I show to the Academy. The respiration was so noisy, owing to narrowing of the glottic orifice, that physical examination of the lungs was not very satisfactory. The history is too incomplete to make out the relation of the throat troubles to the pulmonary disease. There are, as the specimen shows, caseous deposits about both apices, with one or two cavities in each lung. A few nights since, without premonition, hemorrhage came on, from which she died in a few minutes. An examination of one of the cavities in the left lung shows us very distinctly the origin of the fatal hemorrhage. It came from an aneurismal dilatation in a branch of the pulmonary artery which lies in the smooth membranous wall of the cavity. The broom-straw, passed into the small opening in the aneurism, readily reached the main artery, and shows a direct connection between the aneurism and the heart. The dilatation is rather sac-like and measures about one-third of an inch in its diameter.

Fortunately we are much more familiar with the other forms of hæmoptysis than we are with the present one. The morbid anatomy of these severe and fatal forms is also scarcely mentioned in our usual books of reference. Dr. Rasmussen, of Copenhagen, has brought into prominent notice, in an article which has been translated and published in the *Edinburg Medical Journal*, the more frequent occurrence of severe and fatal hemorrhage from rupture of small aneurisms of the pulmonary artery than has been believed since the time of Laennec. The older pathologists thought it a more common condition.

Rasmussen's cases of suddenly fatal hæmoptysis, upon which his paper is based, numbered 11; of these 8 were from ruptures of vessels running in the walls of the cavities, and three were from rupture of aortic aneurisms into bronchi. The size of the aneurisms varied from that of a pea to that of a walnut.

The walls were of various thickness; in some there were fatty degeneration. The vessels on which the aneurisms were located were, on an average, from one to three millimeters in width. The rupture was most usually by a small opening, which is the case in the specimen present, where the opening is only large enough to admit a small broom-straw. Five of his eight cases were females. The ages were, in two, between 28 and 34 years; in five, between 42 and 57; in one, 64 years.

In 1866, among 79 dissections of phthisical patients in the municipal hospital there were 5 per cent. of fatal hæmoptysis; in 1867,

0.9 per cent. His conclusion, in regard to formation, is, "that every cavity in the lungs, whose walls are formed by condensed pulmonary tissue, containing non-obiterated vessels, may be the seat of aneurisms or aneurismal dilatations with consecutive ruptures." In our case the condensed pulmonary tissue is produced by caseous pneumonic deposits surrounding the cavity.

Dr. Porrett, in November 15, 1870, at a meeting of London Pathological Society brought forward a table with 15 cases of fatal hæmoptysis, of which 12 had resulted from a rupture of the pulmonary artery in a cavity, preceded in 11 by dilatation and one by ulceration; in the other 3 the source could not be discovered. He regards old standing, unilateral cases of phthisis with quiescent cavities as most favorable for formation of aneurisms or ectasias of branches of the pulmonary artery.

The conditions in the specimen which I show correspond with those detailed by these gentlemen. The cavity is an old one and surrounded with dense pulmonary tissue, made so principally by caseous deposits.

We have had a case of hæmoptysis, fatal in a few minutes, in which the most careful examination failed to detect the source. It will be seen by the statement above, that Dr. Porrett was unable to make out the origin of the hemorrhage in three of his fifteen cases. Dr. Mascon also failed in discovering the source in two suddenly fatal cases.

*Compensatory Renal Hypertrophy.*—[Some weeks since Dr. Whitaker read a paper on this subject, as a report from the Section on Physiology. The following remarks were called out as a discussion of that paper; we regret that we are unable to give in connection an outline of the points made in the original report.—ED.:]

*Dr. Carson.* I do not intend to reply to the report in general, made by the chairman of the Physiological Section, but simply to review that part of it which refers to the article by Rosenstein, recently published in Virchow's Archives. In the first place, it is necessary to state that the original report by the Pathological Section does not state that there is hyperplasia of elements in hypertrophy; it simply says that there is a compensatory hypertrophy, without pretending to decide how it is produced—whether by simple increase in size or weight, or by multiplication of elements.

The object of the article by Rosenstein is not to prove that there



is no such thing as compensatory hypertrophy, but to prove, if possible, how it is produced. In proof of this I read the first part of the first general conclusion, which he draws from his experiments. The following is the language: "In complementary hypertrophy of one kidney, in consequence of acquired defect of the other, there occurs, etc." In this there is a distinct recognition of the condition of "complementary hypertrophy." The only question is as to how it occurs. The attempt to solve this is made by means of experiments upon animals—the general result of which is to prove that the extirpated kidney is considerably smaller than the one remaining at the time of the animal's death, and that the longer the animal survives, the greater the difference. Thus the longest period of survival was 102 days, and the kidney extirpated was only one-half as large as the one remaining at death.

Now, when we examine closely these experiments and the positive conclusions drawn from them by Rosenstein, we believe they confirm the doctrine of compensatory hypertrophy.

The conclusions are these, so far as they bear upon this subject:

1. In complementary hypertrophy of one kidney, in consequence of acquired defect of the other, there occurs no enlargement of the glomeruli or of the tubuli uriniferi. The hypertrophy is principally an increase of weight, and depends partly upon the increased contents of the organ, in blood, lymph, and urinary constituents; partly upon the greater solidity of the individual elements, and only to a very small degree upon real increase of size of the epithelium and connective tissue.

2. The increase of function in the enlarged kidney acts in perfect compensation, in the excretion of urine as well as of urea. We conceive that a proper deduction from these statements is, that there is a compensatory increase of structure, and of function also.

This being the positive value of these conclusions, what are their comparative values? Are not the conditions for compensatory hypertrophy much more marked in those pathological experiments which nature makes for us, such as in the case of hydronephrosis, which has been the nucleus of this discussion?

There was a case of defect of one kidney, which had probably continued for a period of seven years. If there was an increased amount "of blood, lymph, and urinary constituents" in the artificial experiments, much more effect would these elements of nutrition have upon an organ upon which double work devolved

for a period thirty times more prolonged than the greatest period of survival noted in Rosenstein's experiments.

The line of argument pursued by the author of the report is one that tends to ignore all the variations of function and structure that physiological stimuli may bring about, under changed conditions of life and action, such as climatic influences, etc.

*Dr. Whittaker* said no one could object to a full discussion of this subject, but thought his opponent, *Dr. Carson*, had set up a man of straw. *Dr. McKenzie*, in his report, had admitted an increase in size, but what that increase was he could not explain. *Rosenstein* had written his article to clear up the matter, and said, there was no increase in the number of cell elements, and this is admitted by *Dr. McKenzie* in his report.

*Dr. Carson* rejoined, by saying that *Rosenstein* says there is both increase in structure and in function.

*Dr. Thornton* said, that not until recently was this doctrine of compensatory enlargement accepted. He could not see how it could be otherwise than for an organ to become enlarged when it had an increased function to perform. Nature was always logical in her results, and when one kidney was removed, the remaining kidney grows larger, simply because it has more work to do, and not because it has more blood in it. This law holds good in reference to all organs of the body. We see it exemplified in the blacksmith's arm, which grows larger from increased use, and in the brain of those who make great intellectual efforts.

*Dr. Gillane* inquired, if compensatory hypertrophy is the rule in case of the loss of one organ in a pair of organs, why does not a remaining eye exhibit it where its fellow is lost.

*The President*, *Dr. Comegys*, replied to this, that the eye is not like the kidney or other secretory glands, through which increased quantities of blood circulated in the performance of extra function; but its function depends on the condition of the retina; and the increased strength of vision, which in such cases exists, may be explained, either by increase of sensitivity in the retina, or to the increased mental attention of an object of vision.

He further said that as increased function in the remaining kidney had been conceded by the essayist (who though denied an increase of the elements in the organ), it was another evidence of the striking facts everywhere seen in physiology of the reserves of function for emergencies.

Furthermore, *Carpenter* in his *Human Physiology*, years ago,

taught that it is fair to surmise that even the cerebrum *grows* to conditions under which it is habitually exercised ; that the greater increased supply of the constituents of urine would act to increase the size of the remaining kidney. The speaker thought it was further showed by the simple experiment of training a branch of a vine into a hot-house during the winter ; the stimulation of heat and of light causing it to bud, develop, and bear fruit, while without it was freezing and unvivified. He also spoke of the further illustration of the effect of stimulation on growth, as shown in Laycock's lectures on the anatomy and physiology of the trophic and vaso motor nerves.

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*Compression of the Uterus in Expulsion of the Placenta* has been treated of at length by Prof. Cr  d  , of Leipzig, and more recently by Dr. Chantreuil, of Paris. The latter has tried it in five hundred and forty cases, with the result of expediting very much the delivery of the afterbirth, and favoring an early return of the uterus to its normal size. When the uterus has reached the maximum of its contraction after the expulsion of the infant, it is to be grasped between the palms of the hand placed in front and behind it, and steady pressure maintained. The result in the majority of cases is, that the delivery of the placenta is accomplished in a much shorter time than is usual, without being followed by hemorrhage or other unfavorable symptoms.

*Phosphates in Pregnancy.*—Mr. Metcalfe Johnson, of Lancaster, recommends in the *Medical Times* the hydrated phosphate of lime of the British Pharmacop  ia as a remedy for the sickness of pregnancy. He gives it in doses of from three to ten grains each, three times daily, suspended in water, and flavored according to the patient's taste. In some cases the relief has been so striking that patients have sent to ask for "some of that medicine that relieves the sickness." Mr. Johnson thinks the drug may supply phosphates to the nervous system and also to the embryo, and that if phosphates be not supplied, the child may grow at the expense of the mother's osseous and nervous system.—*The Doctor.*



## Selections.

*The Condition of the Menses in Phthisis.*—Dr. Dutcher says on this topic in the Cincinnati *Medical Repertory*:

“In pulmonary tuberculosis the menses are almost always suppressed; and the reason for this is obvious. Phthisis being a constitutional disorder, wherein the life-forces are enfeebled by a failure in some of the blood-making organs, the uterine functions cease for the want of proper nutriment and not from local disease. Hence we frequently see young women lose their menses without any visible cause, when all at once symptoms of phthisis will present themselves, and the case proceeds to a hasty and fatal termination. But in some cases they are not suppressed at the commencement of the disease; they may be irregular, scanty, occurring every ten, fourteen, twenty-one, twenty-eight or forty days, just as the case may be. But, as the disorder advances to the latter stage, they are always suppressed. In several hundred cases I can not now remember but two where the menses continued until the last. These were exceptional cases, and were patients over forty years of age. And my experience leads me to the conclusion that the menses are more generally suppressed at the commencement of this disease, in very young women, than those who are more advanced in life. M. Louis found that where the duration of phthisis was less than one year, the average period of the menstrual suppression was about the middle of its progress. When the tuberculous affection was prolonged for more than one or two years, the suppression occurred during the latter period. Thus in a young woman, in whom the disease lasted three years, the menses ceased at the end of the thirteenth month; while another patient of the same age, and in whom the disease was similar, continued to menstruate until within two months of the fatal period.

The sudden suppression of the menses in an individual who has a hereditary proclivity to pulmonary tuberculosis should be looked upon as a very suspicious circumstance, particularly, if she be unmarried. A young woman ceases to have her regular menstrual discharge, she becomes pale and feeble; she has pain in

her head, loins and limbs—after a time she emaciates; her friends become alarmed and call in a physician. He gives her case a very superficial examination, and refers all her difficulties to a suppression of the menses. Remedies are prescribed with a view of restoring them, but, alas! they are without effect, and the medical attendant is suddenly aroused to the sad conviction that he has made a mistake in his diagnosis—phthisis, with all its formidable features, is staring him in the face..

It was for a long time the opinion of writers on pulmonary tuberculosis, and even Dr. Lawson, in his work on the subject, does not discard the idea that the disorders arising from the menstrual suppression might lead to the deposit of tubercular matter in the lungs. We do not consider the suppression of the menses in any way a cause of phthisis pulmonalis. In this case they cease from a failure of the vital forces, as already remarked, and it is a marked symptom of the great constitutional malady, which will ultimately end in the dissolution of the whole bodily fabric, unless it is speedily remedied. A limited number of tubercles in a lung may be easily remedied, and the patient regain her wonted health. But a constant repetition of the morbid process is greatly to be dreaded, and can only be averted by correcting the constitutional diathesis.

If, therefore, the physician suffers himself to be led away by the local symptoms, and treat them alone, he will not have much success in curing the disease. If, when the menses are suppressed, he employ active emmenagogues alone, it may lead to very injurious results. I have long since come to the conclusion that, when pulmonary tuberculosis exists, all active measures to restore the menses are wrong. Indeed, they stand in the way of other agents that will overcome the constitutional malady, which is the chief difficulty.

*The Cultivation of Ipecacuanha.*—Professor Balfour, of Edinburgh, has submitted to his fellow-botanists and physicians some observations on the cultivation of ipecacuanha in the Edinburgh Botanic Garden for transmission to India. As a curative for dysentery, the value of this plant is very great; and, in consequence of the partial failure, from various causes—such as the rashness and carelessness of collectors—of its cultivation in its native country (South America), its cultivation here for sending out to India has become a matter of much importance. A difficulty, however,

till within a short time ago, stood in the way of this design, as it has not as yet been possible to get the perfect seed of the plant, and its propagation was accordingly but slow. A short time ago, however, Mr. James McNab, of the Botanical Gardens, discovered that, by cutting the root of the plant under the ground surface, numerous new shoots could be got, and the plant so propagated much more easily and plentifully. It had thus been possible to send out a number of healthy plants to India, which it was hoped would be there equally successfully cultivated. Mr. McNab had also been endeavoring, with fair prospect of success, to get the perfect seed of the plant; and if that can be done, the difficulty of propagation will, of course, disappear. There are now two varieties of the plant in the Botanical Gardens, one of which has been cultivated there for forty years, and the other has just been got from South America, through the kindness of Dr. Gunning and Dr. Christison. It is hoped, from the union of these two varieties, to get a perfect seed. In the course of the remarks made on this discovery, Dr. Cleghorn, F. L. S., late Conservator of Forests, Madras, expressed his delight at seeing the satisfactory result of the ipecacuanha propagation. Every army-surgeon, he said, knew the great value of this remedy.

*Milk as an Article of Diet.*—Dr. Wiggin, Providence, R. I., has been examining into the value of milk, in comparison with other articles of food. The comparison is novel, and the results are sufficiently interesting to be remembered. Housekeepers frequently find it difficult to make as great a variety in articles of diet as is desirable, and by keeping the one under consideration in view, they may find that it will often stand them in good service by way of a change. It would appear that the nutritive value of milk, as compared with other articles of animal food, is not generally appreciated. The doctor says there is less difference between the economical value of milk, beefsteak, eggs or fish, than is commonly supposed. The quantity of water in good milk is 86 to 87 per cent., in round steak 75 per cent., in fatter beef 60 per cent., in eggs about 68 per cent. From several analyses recently made, he estimated sirloin steak (reckoning loss from bone) at 35 cents a pound, as dear as milk at 24 cents a quart; round steak at 20 cents a pound, as dear as milk at 14 cents a quart; eggs at 30 cents a dozen, as dear as milk at 20 cents a quart; corned beef at 17 cents, as dear as milk at 15 cents. The result from these deductions



seems to be that milk at even 12 cents a quart is the cheapest animal food that can be used.

*Treatment of Cholera and Cholera Morbus.*—Dr. F. Xavier de Rolette, of Pittsburg, writes us that small doses of tartar emetic have proved very efficient in his hands in treating the above diseases. He says, "I consider this medicine a preventive of the cholera. The last time that this plague visited the United States, I was in Rochester, New York. I then published some remarks in the *Rochester Advertiser* on the efficacy of emetics in the treatment of the cholera, and also attended several cases with complete success. My remarks were published in a Kingston paper, and from thence found their way into the London papers. Since then the emetic has been generally used in that city, as I see by an account in Braithwaite, vol. 52, page 274."

*Unpaid Medical Services.*—*Mr. Editor:* In this town we employ a good physician by the year to medicate the poor, so that none may suffer for want of attendance; and several years ago the practicing physicians passed the following resolution, which has been observed most faithfully.

We have collected many bills that could not have been obtained by any other means. In but a single instance has it failed me. We are not like the common carrier, obliged to take all that come; we may choose our customers, but having once undertaken a case must attend to it to the end, whether we are to receive pay or not (unless discharged by the patient), and are held pecuniarily responsible for any neglect or want of skill by which bad results may follow. If the medical man allows his services to be unpaid or underrated it is his own fault, for "a man will give all that he hath for his life."

JOHN BRANCH, M. D.

*St. Albans, Vt., Oct. 16, 1871.*

*Whereas,* Some persons are to be found in this community who live in fashionable style, pay their merchants and mechanics well, and would not refuse to pay a rum or gambling bill, yet not only neglect but obstinately refuse to pay their physicians, although they may owe their lives to his skill and attention;

*Resolved,* Therefore, that we pledge ourselves to each other never to lower the dignity of the most useful and honorable profession known among men, by practicing in the families of such persons as are indebted to either of us for medical services.

*Provided* they have received a copy of this resolution, and we have been notified of the fact.

JOHN BRANCH, M. D.

R. C. M. WOODWARD, M. D.

J. L. CHANDLER, M. D.

S. R. DAY, M. D.

*Therapeutic Value of Gelsemium.*—Gelsemium (or, as it is sometimes written, gelsemium) is of late attracting considerable attention. It is highly lauded by some practitioners as a nervous sedative, in cerebral congestion, mania, and a great variety of disturbances resulting from disorder of the nerve-centers. We know of one physician who regards it as invaluable in nervous or sick headaches; ten or fifteen drops of the tincture to be given three times daily. The physiological effects of the agent are very remarkable. Even moderate doses will sometimes produce a peculiar, heavy sensation in the forehead, with partial paralysis of the levator muscles of the eye-lid, so that it is difficult to keep the eye open. We have employed it frequently for a number of years, often with benefit, but certainly not with such happy results as some others ascribe to it. The following formula will be found valuable in hysterical and functional disturbances of the nervous system:

R. Tinc. valerianæ ammon., oz. 1.

Tinc. gelsemini, dr. 1.

M. Sig. A tea-spoonful p. r. n.

Some of our druggists prepare an ammoniated "elixir" of valerian, which is better than the officinal tincture, in being much less disagreeable.—*Pacific Medical and Surgical Journal*.

*Treatment of Gonorrhea by Warm Water Injections.*—Dr. John O'Reilly (*Am Practitioner*), in recommending warm water injections in the treatment of gonorrhea, says that the subjoined conclusions may be drawn from his experience: 1st. That gonorrhea yields to local treatment, and even water injections. 2d. That water injections or medicated lotions owe their efficiency to their frequent application. 3d. That the common small syringe should be done away with in treating this disease, and none used but those throwing a continuous stream. 4th. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

*Creasote in Cholera.*—Through the columns of the *Medical Times* I beg to ask the attention of physicians to the use of creasote as a remedy in cholera.

I have used it continuously for nearly twenty years in all stages of dysentery and diarrhea, with great satisfaction to myself and benefit to my patients; relying almost entirely on it for curative effects. I administer it to adults in doses of four drops every hour and a half or two hours, combined with about twenty grains of bicarbonate of soda or potassa, mixed in syrup or honey. More recently I have substituted for the carbonates about eight grains of chlorate of potassa, in each dose, and in my practice have very rarely added an opiate or astringent to the mixture. I do not, however, consider the administration of opiates and astringents inappropriate in severe cases, nor do I advise the use of creasote in lieu of these medicines or other general treatment.

From my experience in the use of this medicine in these diseases, I am led to believe that it is not unlikely that in sufficiently large and often-repeated doses it will be of great service in the treatment of cholera, and perhaps that it might prove a valuable prophylactic, in doses of one or two drops to each glass of drinking water.

I have frequently administered it in typhoid fever, with apparent advantage to my patients, and am satisfied that in the bowel affections incident to the life of armies in the field it would make the count stronger on the roster "for duty."

The object of this communication is to ask a fair test of this remedy by physicians who have to treat cholera.—*G. B. Latigue, M. D.*

*Revaccinations.*—Dr. Perroud, secretary to the Vaccination Committee, presented, on the 23d of March last, a report to the Medical Society of Lyons, in which the advantages of vaccination of variola which has raged in that city are lucidly exposed. Among several important remarks, we especially noticed the advice of not resting satisfied with negative revaccinations. When the latter fail, they should be repeated; as it has been known that, in such cases, the disease has broken out and proved fatal. We should go on revaccinating, M. Perroud thinks, until proper vesicles are produced.



*Chorea of the Tongue from Emotions.*—M. Amedee Latour, describing the bombardment of Chatillon, thus speaks of its effect on himself: "During the first days I had tremblings at every discharge of cannon, together with strong and frequent palpitations of the heart and tremor of the hands. My tongue was seized with a kind of insupportable chorea, which, indeed, I have often experienced on the occurrence of vivid emotions, of which, during my life, I have had my share. It is a strange phenomenon, which I have seen nowhere described. The muscles of the tongue are seized with convulsions, which cause the organ to execute irregular movements to the right and left, fix it against the palate, or curve it back on the frænum—keeping it in constant motion, and occasioning a most unpleasant and irritating sensation. Speech is impeded, and articulation painful, so that it is impossible to read aloud, and to converse is a matter of difficulty. These lingual movements are entirely independent of the will, which can neither arrest nor modify them, whatever effort be made. Sleep suspends them; but they reappear soon after waking. This inconvenience lasted during the first week, but after then, as I became accustomed to the noise, the lingual and cardiac muscles resumed their normal action."—*Med. Times and Gaz.*, July 22, 1871.

*Treatment of Divided Tendons.*—In the case of a young man who had received a wound from a billhook on the back of his hand, dividing the extensor tendon of the middle finger, Dr. Bessieres had two splints made, curved on the flat: one, the palmar splint, was large enough for the hand; while the dorsal one was two finger-breadths wide. The wound was united by a suture passing through the skin only; the concave surface of the palmar splint was then applied to the hand, and the convex surface of the dorsal splint to the middle finger, which was kept thus (with the aid of diachylon plaster) in a state of extension. At the end of three weeks a little stiffness in flexion remained; and six weeks after the injury the man had complete use of his finger.—*Brit. Med. Jour.*, July 29, 1871.

## Editorial.

*The Miami Medical College* commenced its regular session on Tuesday, October 4th, with an unusually large attendance, one hundred matriculants being on the books opening day. Tuesday evening the introductory exercises were held in the College building, the lecture hall being well crowded with physicians, students, ladies, and gentlemen. Prof. Mendenhall opened the exercises by reading a memoir of the professional career of the late Prof. Henry E. Foote; after which Prof. Richardson proceeded to give the usual Introductory Address, which we are glad to learn will be published in due time.

The reputation of the "Miami" is becoming well established; its Faculty are hard-working teachers, and aim to make competent and useful physicians. During the past year very valuable additions have been made to the means of illustration, and these will be constantly increased. The College clinics are growing in importance and attraction, and with the various Hospital facilities of the city, the student at this school really has all the clinical advantages he can utilize. At the present writing the class numbers 170, the largest the College has ever had.

*The Medical College of Ohio* opened its regular course, also, on Tuesday evening, October 4th. The Introductory was delivered by Prof. Nichols, and was an excellent and appropriate address. It has already appeared in the *Clinic*. We have already noticed the important changes in the shape of the "Old Ohio" Faculty. These changes appear to work satisfactorily. As we close up this number the class numbers about the same as at the Miami. As both classes are in advance of last year, we have afforded good evidence that the extensive clinical advantages of this city, and the ability of its medical teachers, are steadily attracting increased numbers of medical students hither.

*The Cincinnati College of Medicine* commenced its exercises on Thursday evening, October 6th. The class numbers about forty. In a former number of this journal we noticed the changes in this

Faculty; but if we are to judge by the *Repertory*, these changes are not so acceptable to the friends of that College as we had hoped and expected.

*Medical Matters in Chicago.*—The terrible conflagration of Chicago has called out the sympathy of the world, and from every direction people pour in of their abundance, as well as the "widow's mite" The profession of the country has especially been keenly alive to the probable losses and sufferings of their medical brethren of the fated city. In Cincinnati, the Academy of Medicine had been gradually accumulating a fund for the erection of a hall—the amount in the treasury was \$300, which was voted at once for medical sufferers in Chicago. The profession at large of the city have also generously responded to this great call. The *Miami Medical College* donated \$100 to the general fund. She also tendered to the authorities of both medical colleges of Chicago the gratuitous care of students until they should be ready to resume. Other medical schools of this city and elsewhere made similar propositions. We are happy, however, to learn that both schools have, with the usual Chicago energy, proceeded at once with lectures. The Rush College is burned, but its Faculty has made arrangements for didactic and clinical teaching. The Chicago (Davis) College was not burned, and its Faculty proceeds without interruption.

*The Cincinnati Academy of Medicine.*—This Society is one of the institutions of our city. In a variety of ways it accomplishes a vast deal of good. It is the medium of communication for the constantly recurring experience of the profession, as it is of its reading and research. The fall sessions are now in regular operation, and the meetings have been well attended and profitable. The contributions from the Academy to this journal are always read with interest. Valuable matter from the Academy appears in this issue, and we hope successive numbers will continue to mirror the thought and experience of our working men. We are reminded that by some singular oversight the Academy proceedings last month gave Dr. Carson as President and Dr. Whittaker as Secretary. The present number gives the correct official heading.



*Financial.*—One more number of the LANCET AND OBSERVER will complete the year. We regret to observe that so many friends, really personal, and really of the journal, are careless about their subscription. We are responsible for monthly payments to a heavy amount. If our friends, with our present large circulation, would be prompt, we should not only be easy in our journal affairs, but have a snug surplus for our work; but so many of our friends are careless and procrastinate to such a fearful extent that we are kept all the time on the anxious seat. *One and all in arrears*, pay up before the next thirty days, and enable us to close up our accounts.

*Sewing Machines.*—"How to get money is the great desire of all. A really good and serviceable sewing machine that will make money for you, or help you to save it, will be sent to your own home on trial for thirty days, no matter where you may be, and you can pay for it in small monthly installments, by writing to the Great American Machine Company, corner John and Nassau streets, New York; or you can have a county right free, as agent, and make money fast. We advise smart men to secure the business, as nothing pays better than the [agency for] a good sewing machine. Write at once."

*Bright Prospects for the Juniors.*—It is stated by the New York *Medical Register* for 1871, that there are now in New York City, Brooklyn, and vicinity, 1,553 physicians in good standing. Comment is unnecessary.

*Dr Illoyy—Errata.*—In Dr. Illoyy's article last month several errors crept in. On pages 585, 586, 587, prescriptions should read *ter hora* instead of *per hora*. Page 586, the prescription near bottom of page, commencing *Tinct. Sulph.* should be *Zinc. Sulph.*; and at the bottom of page 594, "*fat*" gonorrhoea should read *lues* gonorrhoea.

*Pinus Canadensis.*—Several of our physicians have been trying the fluid extract of the *pinus canadensis*, and report thus far very favorably as to its merits. We have used it quite freely as a local application in the treatment of spongy and ulcerated conditions of the os uteri, and to a limited extent in the treatment of nasal catarrh. Our experience is satisfactory. For vaginal applications it may be used diluted with glycerine; for nasal catarrh,

largely diluted with water. Its action is much the same as that of tannin for these purposes, but its properties as an astringent seem modified by the peculiar vegetable—terebinthinate—property of the hemlock.

*Personal—Atlanta.*—We had a pleasant call from Prof. W. F. Westmoreland, Editor of the *Atlanta Medical Journal*, recently. He had been enjoying an extended trip amongst the Eastern medical centers, and was *en route* home to carry to Georgia a variety of ideas for the benefit of medical teaching, as well as the *Journal*. We wish our Atlanta friends medical peace, and an abundance of medical and personal prosperity.

*Dr. J. Taylor Bradford*, well known in the West as a prominent gynecologist, of Augusta, Kentucky, died on Tuesday, October 31st, after a lingering illness.

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*A Pleasant Remedy for Sea-Sickness.*—There have been suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found completely successful in practice. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested the means of escaping the horrors of a short sea passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring, of Vienna, seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all instances recorded, it seems to have been of great value, even during prolonged sea voyages, giving good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence.—*British Medical Journal*.

## Reviews and Notices.

*The Management of Infancy, Physiological and Moral.* Intended chiefly for the use of parents. By ANDREW COMBE, M. D. New York: D. Appleton & Co., 1871.

This little volume, as its title indicates, is rather intended for popular reading, and treats of all the details pertaining to the management of infancy and childhood: indeed, anticipating the birth of the infant, and devoting a couple of chapters to such matters as may influence the future health of the offspring—such matters, for instance, as hereditary influence, the marriage of relations, the mental influences, diet, exercise, and conduct of the mother during pregnancy.

The enormous mortality of early childhood is pointed out, and a chapter is devoted to suggesting those sanitary measures which may diminish this fatal tendency. The proper food of the infant, its exercise, cleanliness, sleep, and a great variety of topics are presented in regular order and detail.

The style of the book is readable, and mothers would profit by observing its teachings. The whole is prefaced by an introductory essay from Sir James Clark, "Physician in Ordinary" to Her Majesty the Queen of England. For sale by Robert Clarke & Co.

*The Teeth, and How to Save Them.* By L. P. MEREDITH, M. D., D. D. S. "*Tibi seris, tibi metis.*" Philadelphia: J. B. Lippincott & Co., 1871.

In the small book before us we have another attempt to meet what the author deems a popular want—instruction as to the proper care of our teeth. It is prepared by one of our Cincinnati dentists, and, of course, commands our attention, as it certainly, and from its own merits, commands our respect.

Of course, a scientific discussion of the anatomy and physiology of the mouth and teeth, or of the dental operations upon these parts, would be out of place for our author's purpose, but nevertheless some interesting allusions to these matters are given. We find a full chapter on the use of nitrous oxide; excellent advice as to the use of particular articles of food, in their relations to



healthy teeth, together with general suggestions as to the care and preservation of these important aids to comfortable eating and digestion. For sale by Robert Clarke & Co.

*Essentials of the Principles and Practice of Medicine.* A Handbook for Students and Practitioners. By HENRY HARTSHORNE, A. M., M. D. Philadelphia: Henry C. Lea, 1871.

This is the third edition of a book that we have already had occasion to commend to the attention of our readers more than once, and now that the favor of the profession has required a new edition, we need scarcely do more than make the announcement. To such as have not examined Dr. Hartshorne's "Essentials," we may say that it consists in a brief, condensed outline of the nature, prognosis, and treatment of the various diseases usually recognized in the large, systematic works, so arranged that the reader has suggested at a glance the salient points of each. In this present edition the author has made some additions and revisions—some of these being of considerable importance, as upon tuberculosis and relapsing fever; as also the uses of chloral and carbolic acid.

Our readers will find it well worth study. For sale by Robert Clarke & Co. Price, \$2.38. •

*New Census and Patent Laws.*—Munn & Co., publishers of the *Scientific American*, have published the patent laws now in force in a neat volume, embracing also all necessary instruction to the inventor how to proceed in obtaining his patent right. Price, 25 cents.

*Essay on Growths in the Larynx.* With Reports, and an Analysis of One Hundred Cases treated by the Author, etc., etc. By MORELL MACKENZIE, M. D., London, M. R. C. P. Philadelphia: Lindsay & Blakiston, 1871.

In mechanical execution nothing more attractive has been recently issued from the American medical press. The paper is fine, heavy-toned, and tinted, and the letter-press is beautiful. It is illustrated with numerous wood-cuts and chromo-lithographic plates, exhibiting a great variety of morbid growths about the larynx. A reasonable amount of space is devoted to the nature, causes, symptoms, treatment, etc., of morbid growths in the larynx, but the specially interesting feature of the book appears in the detailed notes of the one hundred consecutive cases that were under the treatment and observation of Dr. Mackenzie. The

author's position as "Physician to the Hospital for Diseases of the Throat," has given him a fine field for experience, and for many years he has been regarded as leading authority in this department of surgery. His contributions have been somewhat copious heretofore in the form of monographs. We had the pleasure of noticing a little treatise prepared by Mackenzie some years ago on the "Use of the Laryngoscope in Diseases of the Throat." Those interested in this class of cases will be glad to get this new work. For sale by Geo. E. Stevens & Co. Price, \$3.

*The Physician's Dose and Symptom Book.* Containing the Doses and Uses of all the Principal Articles of the Materia Medica and Official Preparations, with various other matters in small compass. By JONATHAN WYTHES, A. M., M. D. Tenth edition. Philadelphia: Lindsay & Blakiston, 1871. For sale by Robert Clarke & Co. Price, \$1.25.

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## Obituary.

*Died*, at his residence, in Lancaster, Ohio, on Wednesday morning, the 11th inst., Dr. *George W. Boerstler*, aged 78 years, 11 months and 22 days.

We take the following notice of Dr. Boerstler from the *Lancaster Eagle*:

Dr. Boerstler was born at Funkstown, Washington county, Maryland, on the 19th day of October, 1792. He emigrated to this city in 1833, where he resided ever since, and where he devoted thirty-eight years of his active and untiring life to the arduous and responsible duties of his profession. In his death, that profession has lost one of its brightest ornaments, and the community a most worthy, upright, and useful citizen. As a medical practitioner, his place can not be supplied. His whole soul was absorbed in the great duties of his high calling. Neither age or disease deterred him from a prompt and faithful response to the constant demands of his afflicted fellow-beings, whether high or low, rich or poor, deserving or undeserving. He never for a moment hesitated in hazarding his own health or life in his anxious and generous care for the health and life of others. The news of

his sudden death pained many a grateful heart in this community; for every recipient of his kindness, his skill, and his fatherly attention, deeply felt that they had lost a friend whose place it would be impossible to fill. With him, duty well performed, in all its relations, was the great aim of life—kind and indulgent as a father, affectionate and regardful as a husband, he equally filled the character of a good citizen, an honest man, and a tolerant and punctilious gentleman. He possessed a strength of will and a firmness of purpose which no adversity, however trying, no calamity, however great, could shake or disturb. With him, to be right was better than to be successful. He could tolerate no compromise with wrong, either in public or private life. His opinions on moral, political or professional subjects were always decided without being intolerant. He recognized charity, in all its forms, as one of the greatest virtues. Without desiring or intending to intrude upon the province of his professional brethren, who will doubtless feel it to be “a labor of love” to present, through some of the medical journals, a fitting memorial of his long and useful professional life, it is not inappropriate in this place to say that few men rose to greater eminence or success as a provincial practitioner in the healing art. No man in the profession, here or anywhere, was more punctual or attentive at the chambers of the sick and suffering. His genial presence acted like a charm upon his patients. His manner, in the sick room, was always kind and encouraging; it was not his habit to despair of his patients, nor permit them to despair of themselves. His cheerful, almost playful presence, shed its magnetic influence on all those around him; and even the languor of the invalid, on the couch of sickness and pain, was made to yield to the influence of his wonderful flow of spirits. No man in the commonwealth, not in public life, could have passed from among us and left a greater void in the public mind, than that which has been created by the demise of Dr. Boerstler. Especially by the people of this county, will his memory be most gratefully cherished.

At a meeting of the physicians of Lancaster, the following action was had:

The meeting was organized by the choice of Dr. Effinger, Chairman, and Dr. A. Davidson, Secretary.

A committee, consisting of Drs. P. M. Wagenhals, P. Carpenter, and D. N. Kinsman, was appointed on resolutions. The committee reported the following, which was unanimously adopted:



Dr. Boerstler is dead. A great man has fallen. Old and full of years, he was gathered "like a shock of corn fully ripe." To the poor and suffering he was like the "shadow of a great rock in a weary land." At the bedside of the sick and dying, he was tender and compassionate. He was jealous of the honor of his profession, and scourged with an unsparing hand any who attempted to prostitute it to purposes of gain.

He was the earnest friend of the younger members of the profession; ever ready with counsel and advice in so unselfish a spirit that they came to regard him more as a father than as a competitor.

His was a strong and rugged character. He acted from conviction alone. In his death we have lost a friend and a brother of solid professional acquirements.

He "went about doing good," and, fully equipped in his armor, fell.

*Resolved*, That we tender our sympathies to the family of the deceased.

*Resolved*, That a copy of these proceedings be sent to the family of the late Geo. W. Boerstler.

*Resolved*, That the medical faculty of this city will attend the funeral in a body on Friday, 13th inst., at 2 P. M.

*Resolved*, That these proceedings be published in the Cincinnati LANCET AND OBSERVER, the daily papers of Columbus, and in the papers of this city.

P. M. WAGENHALS, M. D.

PAUL CARPENTER, M. D.

D. N. KINSMAN, M. D.

*Committee.*

M. EFFINGER, M. D., *Pres't.*

A. DAVIDSON, M. D., *Sec'y.*

For many years in the medical history of Ohio, Dr. Boerstler occupied a prominent and busy part. In 1841, Dr. Boerstler was president of the State Convention held at Columbus. Again in the organization of the Ohio State Society in 1846, he was made president of the preliminary meeting, as also president at the meeting in 1851 in Columbus. These several compliments show the standing and esteem in which he was held while an active member of the profession.

As a man, and a physician, the article copied above shows how well he acted his honorable part, and how truly he was loved where he was best known, and filled up his measure of usefulness.

*Thomas Hawkes Tanner, M. D., F. L. S., M. R. C. P.*, died in Brighton, July 7th, at the early age of 46. He began practice in London in 1847, and since then had held several responsible appointments, and enjoyed for many years past a very extensive practice. His "Manual of the Practice of Medicine," originally published in 1854, has gained in popularity with each successive edition, and from a mere pocket manual has grown to a complete work in two large volumes. He was the author also of "Signs and Diseases of Pregnancy," a "Practical Treatise on the Diseases of Infancy and Childhood," "Clinical Medicine," an "Index of Diseases," "Memoranda on Poisons," and several smaller works and papers on various subjects. The leading characteristic of his life was indomitable industry, which enabled him to accomplish a vast amount of work, though at the sacrifice of his own health. He had been suffering for several years from renal disease, consequent on an attack of scarlet fever in 1854, and his death was caused by uræmia. For two months before his death he had been obliged to relinquish his professional duties.—*New York Medical Journal*.

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*The Use of Carbolized Catgut Ligatures.*—Dr. George Buchanan reports in *The Practitioner* for July, 1871, a case of diffuse traumatic aneurism upon which he had operated by laying open the sac and applying a ligature both above and below the wound in the artery. Carbolized catgut ligatures were used, because it was thought they would produce obliteration of the artery without ulcerating through its coats. Considerable discharge took place, but from first to last not a trace of decomposition or putrefaction could be observed. The most careful examination of the discharge failed to detect any appearance of the catgut ligatures, and they were probably retained and imbedded in the tissues, occlusion of the vessels taking place without ulceration of the coats of the artery and discharge of the ligature. The patient made an excellent recovery.

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E. B. STEVENS, Editor.

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Original Communications.

***Art. I.—Loose Cartilages in the Knee-Joint, and the Operation  
for their Removal, with a Case.***

By JOHN D. JACKSON, M. D., Danville, Kentucky.

*Read at a meeting of the Central Kentucky Medical Association, held at Stanford, Kentucky, October 17, 1871.*

On Wednesday night, August 9, 1871, there came limping into my office, Christopher Mulholland, a stout day-laboring Irishman, 40 years of age, who told me that he had something in his knee, which he wanted me to "cut out at once." He sat himself down, and rolling up his pantaloons, exposed his right knee, and I could readily detect a hard roundish body, to the outer side of the patella, which, upon the slightest pressure, would slip away from the spot upon which it was lying, flying clear across, and underneath the patella or the tendon of the quadriceps muscle, to the opposite side of the joint; his expression, that it was "slipperier than glass," being really applicable. It was evident that I had before me a case of a kind of which I had read something, but which I had never seen before, viz: "Loose Cartilage in the Knee-joint."

I told the patient of the dangers of the removal of such bodies, that while the extraction could be made easily enough, that he might be doomed to the inconveniences of a stiff joint the balance of his days, or his leg might have to be cut off, or that he might possibly even lose his life, as others had done before him, as a penalty for the operation.

He informed me that the trouble, he thought, had originated six years previously, when he fell down upon the ice while crossing the Hudson river, when an enlisted soldier in the regular army of the United States. Some time after that, he said, he had perceived the body loose as now, and not larger than a shot; that it grew, and commenced giving him much annoyance, when he applied to the medical officer of his command to remove it, and that he had refused to do so, telling him just what I had. He asserted that the thing had grown since then, and gave him a great deal of trouble; that while working, it would sometimes slip around to the back of his knee (putting his finger in the popliteal depression), and averring positively, on my questioning him, that he could feel it plainly with his fingers, when it was there, and that he would then have to quit his work for a half hour or more, because of the pain. Sometimes when walking quietly along, he said he would be jerked down suddenly to the ground by its getting between the bones of his leg and thigh, and he declared solemnly, that because of it, he had more than once been fined for falling down on the streets drunk, when he was "as sober as a judge."

He very coolly told me that he was fully aware of all the risks of the operation, and was ready to take them, and that he was determined to have it taken out without more delay, and that if I would not do it, he would find somebody else who would. He insisted upon my removing it there in my office, while it could be so plainly felt, for he said that it would sometimes disappear for days, when he could not find it at all. Upon making him roll up his other breeches-leg, and exhibit his other knee in comparison, I found the right knee-joint somewhat the largest, apparently from the contents of the synovial cavity being a little greater in this than the other knee. He said that this perceptible difference had existed for some years, indeed ever since the trouble had existed. There was, however, neither heat, nor redness, nor tenderness of the joint.

As I have before said, upon slightly touching the body it would disappear—the first time I touched it flying across to the opposite

side of the patella, but on again doing so, it disappeared, and no manipulation of the joint could enable me to find it again. Upon this, the patient expressed deep regrets, and said that he might not again be able to perceive it for a week, when on its throwing him down suddenly, or bringing his leg to a dead lock, he would painfully enough be made aware of its presence. He said that he could sometimes make it appear on walking, and upon walking across my office a few times, it re-appeared in the spot at which I first found it—the inner and lower side of the joint; and the man being now doubly clamorous, since its fair exposure, for a removal of it, there and then, contrary to my better judgment, I proceeded to do so. With his leg stretched out straight, I forced the body down to the inner side of the head of the tibia, as low as I could get it; then having the patient to keep his two thumbs pressed firmly against it, keeping it in position, I stretched the skin downward over it, as tensely as I could, so that an incision through it, and the deeper tissues, after the natural resiliency of the skin had been allowed to come into play, restoring it to its natural position, would make the wound a subcutaneous one. I cut down at the first stroke through skin and cellular tissue, to the capsule, making a wound an inch long. At this juncture, the patient relaxing the pressure of one of his thumbs a little, the body disappeared as quickly and mysteriously as does "*the little joker*" of the thimble-rigger. Upon his walking across the room again a few times, it fortunately re-appeared, and was again forced down to the site of the recent incision. I now, for the purpose of redoubling security, had an office student to place his thumbs upon the patient's, which as it were hemmed in the body from above, and while with the thumb of my left hand, I continued to keep the skin involved in the section tense, and with my left fore-finger against the body, cut through the capsule directly upon it, when it instantly popped out into his pantaloons leg, followed by a drachm or two of the synovia of the joint. I synchronously approximated the edges of the wound with my fore-finger and thumb, and keeping up a firm pressure of the margins of the incision against the bone, in order that no air or blood might enter the joint, I proceeded to keep approximated the edges of the incision by three ligatures of very fine silk, and a fine needle such as are used in ophthalmic operations, and which I introduced through the skin, and deep down into the cellular tissue, in order to the more perfect apposition of the wound. These, with a couple of strips



of isinglass plaster, and a compress placed just above the wound and firmly bound down by a figure of eight bandage, completed the dressings; and enjoining upon the patient the necessity of walking with his knee unbent, he made his way to his home, a few squares off, with his leg kept perfectly extended, all the way.

On Thursday, August 10, I visited him, and found him doing well. Pulse 68, temp. 98, in the morning. Pulse 74, temp. 98½ in the evening. Knee a little swollen, though no increase of synovia, the swelling being confined to the cellular tissue, adjacent to the site of the wound. No pain in the joint whatever. In the evening, eighteen hours after their insertion, I very carefully removed the three sutures, and re-applied the isinglass plaster, compress, and bandage. There was no redness in the line of the incision. and perfect adhesion had taken place by the first intention.

Friday, the 11th. Pulse 64, temp. 98; A. M., pulse 64, temp. 98; P. M., swelling abated, no pain.

Saturday. Pulse 62, temp. 98, region of wound no longer swollen, and size of knee nearer that of the left than when I operated. Then the enlargement seemed to be due to an excess of synovia in the joint, which is not now the case. The patient has been a little unruly, having, despite my commands, once each day since the operation gotten out of bed, and walked to the privy in his garden. In extenuation of his violation of orders, however, he says he was all the while careful not once to bend the knee.

From this on, he did well, and on the Thursday following, the 8th day from the operation, no persuasion could keep him from returning to his work—digging a pond. The knee was then perfectly natural in size and feeling, the line of adhesion of the wound, however, having assumed the reddish color ordinarily observed in recent cicatrices, instead of being whitish as at first, and being several times broader than then, apparently from a stretching of the recent lymph in bending the knee. From that date to this writing, he has continued at work perfectly well, and rid forever, as he hopes, of an enemy which could throw him down on the streets quicker than “chain-lightning whisky.”

Though floating cartilages in the joints are not of common occurrence, the great majority of practitioners passing through life, without a single case ever coming under their charge, yet the subject is one of practical as well as scientific interest to the profession. The scientific points presented by it are several, and when once a

patient presents himself to the medical man loudly importuning for relief, the practical aspect of the question at once looms up in its full proportions.

Floating cartilages, have been found in all the ginglymoid articulations, though probably most frequently in the knee-joint. When found in connection with other articulations, they are generally numerous. Haller found twenty in the articulation of the jaw, and Malgaigne sixty in the elbow. The knee-joint usually contains one, or at most two or three, though Morgagni found thirty-five in a case of his, and Dr. Gross says that Dr. John T. Berry of this State, has removed thirty-eight from the knee-joint of a negro man.

The case which we have related above, presents pretty fairly, in detail, the troubles usually produced by these floating, and, as it were, foreign bodies in knee-joints, though sometimes the difficulties connected with their presence are very much greater than those complained of by Mulholland, incapacitating the patient not only from work, but almost entirely from locomotion, and under circumstances such as these, to get rid of the *fons et origo mali*, becomes to the sufferer a matter of vital importance.

For the attainment of this, it has been recommended that the cartilaginous body should be pushed as far outward to the edge of the joint, as it can be, and that an elastic knee-cap, or gum-elastic ring be worn, thus keeping it fixed. But while the theory is pretty enough, yet in the various instances of its being put into practice, of which we have read, we don't recollect of a case in which it succeeded.

From the earliest days of surgery, medical men have been impressed with the great dangers of wounds of the joints, and the knee-joint, as the largest of the articulating surfaces, most especially of all. Regarding the extraction of cartilages from the knee-joint, Benjamin Bell expressed himself to the effect, that we had "better amputate at once, than attempt extraction, which is so often followed by death," and Velpeau said that, "a full third of the patients treated by extraction are destroyed."

Most of the writers on systematic surgery, and also those who have written upon operative surgery, have either ignored the subject, or treated of it most briefly. Erichsen devotes a page to it, in the first edition of his System of Surgery, and a page and a half in the last one. Pancoast, in his Operative Surgery, has given a page to it. Dr. Gross, however, has given the subject more attention than any other systematic writer, and has devoted five pages

to it. He says: "Great objection has been urged against the use of the knife in the treatment of these inter-articular bodies, and not without just reason; for beyond question, all interference of the kind is eminently dangerous to limb and life. This remark, however, is more particularly applicable to the old method of opening joints; that is, by direct incisions, an operation which was often followed by most serious consequences, and which should, therefore, have long ago been discarded. We have no statistics to show the mortality of the operation, but enough is known to satisfy any unprejudiced mind, that it must have been very fearful." With respect to the subcutaneous operation introduced by M. Goyrand, of Aix, France, in 1841,\* and practiced shortly afterward by Mr. Syme, of Edinburgh, he says that he does not conceive that any of these objections lie. Velpeau, however, thought differently, for regarding the proceeding of Goyrand, which was to introduce the knife into the skin some two or three inches from the joint, and after passing through the cellular tissue, down to the capsule, to open it, and push out the foreign body into the cellular tissue, and leaving it there for a week before extracting it, or leaving it in permanently as M. Dufresne did, he said: "This proceeding, however, offers no security against arthritis." Regarding this subcutaneous method, Liston, in a lecture upon Diseases of the Joints, in 1844,† said, it "is not unattended with difficulty, and it is one which a person not accustomed to undertake operative procedures, will be exceeding apt to fail in. The fixing of the mass is often not an easy matter. It may moreover escape into the joint during the incisions." Said he: "In a case which was lately under my care, either five or six of these cartilaginous masses were thus removed from the joint, as they became loose and troublesome. Two of them were ultimately removed by incisions of the skin, one necessarily, on account of diffuse infiltration and formation of matter. The others now lie under the skin comfortably enough."

Sir Benjamin Brodie, in his celebrated work on Diseases of the Joints, devotes a brief chapter of eight pages to this subject, recounting two cases. He says: "My own experience is much in favor of the removal of these loose cartilages by an incision of the joints, provided that this be done in a cautious and prudent manner.

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\*M. Goyrand first published his operation of subcutaneous section for loose cartilages in the knee-joint in "*Les Animales de la Chirurgie Francaise et Etrangers*," in 1841; he had performed the operation in the September previous. Syme performed his first operation on February 1, 1841.

†Lancet, Vol. I., 1844.



\* \* The cartilage having been well fixed, the different parts over it should be slowly and separately divided until it is exposed. The wound of the synovial membrane may be dilated by means of a probe-pointed bistoury, until it is of sufficient size to allow of the cartilage being extracted with a tenaculum; and the cut edges of the skin should be instantly replaced in contact with each other, and secured by means of adhesive plaster."

Sir Wm. Ferguson "prefers cutting out *directly*, to Syme's subcutaneous operation, and says that he has thus several times successfully operated."\*

We have collected, tabulated and herewith append, thirty cases of removal of loose cartilages from the knee-joint, which have been recorded within the past fifty years, and it may be perceived from them that such presumably skillful operators as Mr. Teale, of the Leeds Infirmary, and Mr. Birkett, of Guy's Hospital, have failed to extract the body by Goyrand's subcutaneous method, and that the method is liable to be attended by other consequences of more evil than the simple failure to extract the loose body, is shown in the case of the surgeon of the Dorset County Hospital, England, who, on failing to remove the body, did not proceed to perform the direct operation, yet at the end of thirty-six hours, violent inflammation ensued, and after a long course of suffering, during which amputation was proposed to the patient and rejected, he recovered with ankylosis. Mr. W. J. Square, of England,† has had nine cases, which he has operated upon by thirteen incisions after Goyrand's mode, all of which he says did well.

The results of our tabulation show two deaths to the thirty cases, which would scarcely justify Benjamin Bell in his recommendation of amputation, or Velpeau in his conclusion that a third of those operated upon perished. Analyzing further the collection, with reference to the modes of operation, we find that there were two deaths, one amputation, and one ankylosis, to sixteen successes by the direct method, and that there was one ankylosis to ten successes by the method of Goyrand. It will be observed, however, that in two of the cases, and one of them subsequently a fatal one, operated upon by the direct method, there had previously been a failure to extract by the indirect or subcutaneous mode. In the two fatal cases, in one, that of Mr. Teale, the end of the condyle had been chipped off by a fall, and the other, that of Mr. Lawrence, which

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\*Lancet, 1861, vol. 1, p. 358.

†Vide N. Y. Med. Record, Oct. 2, 1871. Extr. from Brit. Med. Jour.

perished by pyæmia, was evidently in bad health when operated upon, and in the case which subsequently required amputation, an old abscess of many months' duration, was found in the shaft of the femur some two or three inches above the condyles. Where violent inflammation set up, it will be observed that it did so on the second or third day. In one instance, the operator had to ligate one artery, and use torsion upon another, on cutting down upon the capsule, and one of the operators speaks of an instance coming under his observation, in which the joint was lost, from being allowed to get filled with blood from the wound.

While we are aware that our limited experience in, and moderate study of the subject of knee-joint wounds, does not entitle our individual opinions to any especial weight, yet we feel emboldened to say, that we think a great majority of the profession, much overestimate the gravity of wounds of this locality. The common impression is, that the knee is a sort of mysteriously irritable part of the body, which will not bear meddling with, and that any punctured or incised wound of the joint, is exceedingly dangerous, it being very exceptional, if acute synovitis and ankylosis do not follow. Our own observation, analogical reasoning, and the recorded observations of others, lead us to the opposite conclusion, viz: that such results are the exception, and not the rule. In the case of Mulholland, no excessive reaction followed, and in only every seventh case, of others which we have compiled, did it occur. A common impression with the public is, that if the "*joint-water*" escapes, the patient will inevitably be lame; and that ankylosis will, as a rule, follow the evacuation of the synovia, is a common opinion among the mass of the profession. Analogy would teach us otherwise, however, for the tabulated results of something like a thousand cases of cataract, operated upon by the peripheric linear method of Von Graefe, in which operation, as we know, the anterior chamber of the eye is always entirely evacuated of its aqueous humor, show that ninety-five per cent. of the patients recover, and that in from twenty-four to forty-eight hours, the aqueous humor is fully resecreted. There may be some present, who may recollect of my exhibiting a year ago before the Boyle County Medical Society, the case of John Grigsby, a negro sixty odd years of age, who, in the July previous, while working at his trade as a carpenter, cut himself in the right knee-joint with his hatchet, laying open the lower edge of the capsule, and the corner of it sinking into the head of the tibia. Day after day, on my visiting him, would I find lying upon and beneath his knee in the bed, at least

a pint of coagulated synovial fluid, yellowish in appearance, and tremulous to the touch, like calves-foot jelly. Until the latter part of September, did this secretion continue, gradually diminishing in quantity, however, and toward the end of the month, assuming an appearance which might be described as sero-purulent, and yet as will be remembered, when I exhibited him to the Society in the following spring, the appearance of the joint, and the power of flexion of the limb, were almost natural.\*

Certainly we would not look upon the escape of the synovia, in an operation to remove a cartilage from the knee-joint, as anything at all untoward, any more than we would the escape of aqueous humor in the operation of iridectomy. Indeed, the operation of paracentesis of the knee-joint seems to us as rational, and on principle, to be, under certain circumstances, as much indicated as the legitimate and well-established operations of paracentesis corneæ or paracentesis abdominis.

Much more rational, however, is the fear of air penetrating the joint, and in its provision against this, is the superiority of Goyrand's method over the direct mode. The objection to it, however, is in the difficulty of extracting the foreign body by it. If the cartilage can be manipulated up, and fixed in the upper corner of the joint, close to the tendon of the rectus-femoris muscle, then the abundance of loose cellular tissue adjacent leaves the section pretty easy, but let it be the lower edge of the joint, at the tubercle of the tibia, and the skin tensely drawn against the bone immediately beneath it, and it will then be no easy matter. In such instances, however, as in the case of Mulholland, by making the skin as tense as possible before cutting, a valvular incision may be made, and if firm pressure is made against the upper margin of the wound, coincidently with the incision into the capsule, closure of the wound will almost instantaneously follow the ejection of the cartilage.

Were we full believers in Lister's germ theory, and did we agree with him in his belief of the miraculous anti-suppurative

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\*As a very remarkable instance of the impunity with which joints sometimes bear injuries, we would refer to the report in the recent volume of Guy's Hospital Reports, 1870-1871, p. 470, by Mr. Alfred Poland, of his removal of an enchondroma of the thigh, in which he involuntarily opened the hip-joint in the operation, and removed along with the tumor a piece of the capsule of the articulation, and yet, ultimately, the patient recovered with a restoration of the joint's motion.



effects of that panacea of the hour, carbolic acid, then we could see how we might avoid all suppurative action, even if we boldly and directly made the incision into the joint, provided we did so while the knee was under carbolized oil or water.\*

Should violent arthritis, accompanied by suppuration, unfor-

\*Since writing the above, we have read "THE MODES OF ORIGIN OF LOWEST ORGANISMS, by H. Charlton Bastian, M. A., M. D., F. R. S., London: Macmillan & Co., 1871;" and, although it is but indirectly pertinent to the main subject, we think a quotation at length, from pp. 84 and 85, neither inappropriate nor uninteresting. The experiment was one of a series with "*Fluids (in vacuo) boiled for five minutes, and flasks sealed during ebullition.*"

"No. XLVII. HAY INFUSION AND ONE-TWENTIETH PART OF CARBOLIC ACID showed no apparent change for the first four days. On the fifth day there was a small quantity of powder-like sediment, and one dirty grayish-colored flake. On the seventh day there were more small flakes at the bottom and a slight general turbidity of the fluid. On the twelfth day, the turbidity and deposits having increased, the flask was opened—after it had been first ascertained that the vacuum had only been slightly impaired. The reaction of the fluid was still strongly acid. On microscopical examination of some of the deposit, there was found, amongst granular flakes and aggregations, a large number of *torulæ* cells, of most various shapes and sizes; also, in the midst of the granular heaps, many large, rounded or ovoidal, densely granular nucleated bodies, whose average size was 1-1500 inch in diameter, though there were many of them much larger, and others even less than half this size. Intertwined amongst the granular matter, also, were a large number of algoid filaments, 1-20000 inch in diameter, containing segmented protoplasmic contents. There were also, in the fluid itself, a number of medium-sized unsegmented *Bacteria*, whose movements were somewhat languid. . . The results of this experiment, and of No. xliij., are decidedly opposed to the reality of the germ-killing powers with which carbolic acid has been endowed by Professor Lister and others. I, however, had previously found that specimens of *Torulæ* and *Bacteria*, obtained from freshly opened flasks, and then mounted, as microscopical specimens, in a mixture of glycerine and carbolic acid (in the proportion of 15:1), not unfrequently grew and multiplied under such conditions. MM. Béchamp and Ester also found that *Bacteriæ* multiplied in carbolized fluids, and similar facts have been testified to by some Italian observers. But organic fluids differ much from one another, so that the influence of carbolic acid may well be different upon different fluids. And, accordingly, we find that whilst its addition to, and subsequent boiling with, a hay infusion increases the fermentability of this, precisely the opposite effects are produced when the hay is replaced by a turnip infusion (see No. xiv.) Without wishing to undervalue, in the least, the system of treatment introduced, and so admirably carried out by Professor Lister, I am strongly of opinion that he explains his results by theories which are almost wholly incorrect."

tunately ensue after the operation, we would lay open the joint sufficiently freely to permit a free outflow of the contents, as fast as accumulation might take place, on precisely the same principle that we would treat an ordinary abscess. The propriety of such a mode of treatment, and that the frightful mortality of suppurative arthritis has been, in a great measure, due the hitherto prevalent custom of allowing the wound of a joint, distended with pent-up matter, to remain closed, and the pressure of the constantly accumulating secretion to produce erosion of the cartilages—all the while trusting to local and constitutional antiphlogistics, so perfectly futile under such circumstances—was some years ago demonstrated by the late Dr. Cooper, of San Francisco. We have known Dr. Sayre, of New York, in more than one instance, succeed in saving a foot condemned to amputation, by boldly passing a stout seton of oakum through the ankle-joint, and keeping the drain of pus perfectly free, by daily drawing upon it. Anchylosis is, of course, a consequence; but rather, a thousandfold, this, than the loss of the limb.

Where a pedicle yet attaches the cartilage, of course the difficulties of its extraction must be enhanced, and, under such circumstances, an operation would be avoided unless induced by positive necessity. However, the records show several perfect successes to have followed operations performed under such conditions, and there is one related by Velpeau, in which he had to make use of a deal of bruising and crushing before separating the body from its thick fleshy pedicle, and yet the patient afterward did well.

If acute inflammation exists in a joint, of course we should wait for its subsidence before operating, and in no instance should the surgeon undertake to operate without previously having candidly laid before his patient all the dangers liable to follow.

The pathology of the affection—the origination of these bodies, and their mode of growth, presents a very interesting field of study to the pathologist. John Hunter thought that they originated in effused blood; but blood has never been known to undergo the organization which they do. The commonly received idea is, that the commencement is in the exudation of a small quantity of organized lymph, generally hanging down by a narrow pedicle, from which, in time—the body having in the meanwhile undergone cartilaginous development—it becomes detached by friction

of the joint. Mr. Paget\* has very recently described, as did also Mr. Teale some time ago, an entirely different "group, sufficiently distinct from those in which loose bodies are derived from abnormal growths of cartilage in diseased joints." They are cases in which, after an injury, an exfoliation takes place "without acute inflammation, just as a tooth, after a blow, may be slowly detached from its alveolus and cast out."

As we said above, Hunter thought they were originally formed by extravasated blood, and were never found without the subject of them had met with an accident. In most of the cases we have found recorded, the patient could not at all attribute them to any hurt, and in some of the cases, where an injurious cause was assigned, it has seemed, on a close scrutiny, to have been rather far-fetched—the patient having located upon some long-forgotten, trivial injury, simply because he was on the hunt for something in the nature of a starting-point. However, we all know how frequently we receive injuries of the knee, and that, unless especially severe at the time, how slightly they are dwelt upon. The structure of these bodies is usually cartilaginous, but one is occasionally found with a bony nucleus. The specimen we herewith present (showing it), removed from Mulholland's knee, is uniformly hard throughout, and of a clear, white color, as you will observe, on the side upon which it has been cut through to get a microscopical section; the surface is covered by a delicate membrane, and there are found upon it various little pits and indentations, not larger than pin-points. My friend, Dr. Carson, late Pathologist to the Cincinnati Hospital, has kindly made an examination of it for me, and writes that it is "largely bony in its structure, as the microscopical preparations will show," and says that the membranous covering "seems to be periosteal."

The patient from whom the specimen was extracted, declared that when he first noticed it, it was not larger than a shot, but had regularly grown since. Now, we can readily imagine how growth might go on, so long as the attachment by the pedicle continued, and we can imagine how a body might grow when slipped out of the joint and left remaining in the cellular and muscular tissue, after the method of Goyrand and Dufresné, as Lister says he has

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\*Bien. Retrospect New Sydenham Soc., Ext. from St. Barthol. Hosp. Rep. vol. vj., p. 1. See also a case of Prof. Volkmann, of Halle, in Bien. Retrospect, 1867-68, taken from Deutsch Klinik, 1867, p. 448.



seen the case; but how growth takes place while it is floating free in the synovial fluid is not so plainly perceptible. The fact seems to have struck that able pathologist, Macartney, who wrote, thirty years ago: "I have found them placed in circumstances, and organized interiorly, in a manner which could only be accounted for by admitting them to possess an independent power of growth and development. For example: I have frequently met with them in the sheaths of tendons without their having been connected with the surrounding tissues."\* But Macartney does not really enlighten us as to their actual mode of growth, nor any more does Dr. Carson, when he writes me that it is "possibly by a process more or less physical;" so we are still left to ask the nature of this "independent power of growth and development."

NOTE.—While searching for the records of cases of extraction of loose cartilages from joints, we came across the following, in a letter from Paris, dated June 11, 1861, and published in the London Lancet of June 15, 1861, under the heading of **PARISIAN MEDICAL INTELLIGENCE**:

A paper communicated to the Society of Surgery, last week, contains some interesting statistics relative to the success of the various operations undertaken for the extraction of false cartilages in or about the knee-joint. The list takes a wide sweep, reaching from the days of Ambroise Paré down to our own time. M. Larrey's original object (if I recollect rightly), in collecting these cases, was to aid an American surgeon, Mr. Squire by name, in his defense against a charge of malpraxis brought against him by a patient. The latter had been operated upon by Mr. Squire, and an ankylosis of the knee-joint had been the result of the operation. As M. Larrey had, in 1832, written a thesis on the subject, our American *confrere* selected him as umpire on the question. What the upshot of the trial may have been, I know not, but the fruits of M. Larrey's researches are certainly worth presenting to your readers. Out of a total of one hundred and sixty-eight cases of extraction, one hundred and twenty-nine were by direct incision, and thirty-eight by the indirect or subcutaneous method. The result stands thus:

| No. of cases. | Cured. | Failures. | Deaths. |
|---------------|--------|-----------|---------|
| 129           | 98     | 5         | 28      |
| 38            | 19     | 15        | 5       |

The extraction of false cartilages of the knee-joint is, according to M. Larrey, a grave operation when practiced by direct incision, and difficult when by the subcutaneous method. The dangers resulting from the presence of the foreign body are much less to be dreaded than those to be apprehended from the operation; and though, no doubt, as seen by the above figures, a large proportion of cures has been registered, many failures have been passed over in silence, and not boasted of. The operation should never be performed, unless the following conditions be realized:

1. Complete mobility of the false cartilage.
2. Presence of pain, effusion in the joint, lameness, and other ill effects resulting from its presence in the articular cavity.
3. Failure of palliative means.
4. Express desire of the patient to undergo an operation, after all its dangers and difficulties have been fully explained.

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\*Med. Chir. Review, January 1, 1841. On the Movable Cartilaginous Bodies found in the Synovial and Serous Cavities. By James Macartney, M. D., F. R. S.

| NAME AND SEX.        | AGE.  | OCCUPATION | CAUSE. | OPERATION.       | OPERATOR.   | AUTHORITY.                                | RESULT.  | REMARKS.   |
|----------------------|-------|------------|--------|------------------|-------------|---|----------|--|
| Morris Sudbury       | 21    | .....      | .....  | Direct incision. | Ewbank.     | Brodie on the Joints, Lond. 1834, p. 274. | Success. | <p>"It was found to be not cartilaginous, but of a gristly structure. It was about the length of an almond, but rather broader, and it was attached by one extremity to the synovial membrane, near the edge of the patella. Some inflammation of the joint followed, but was subdued without much difficulty. When the patient began to walk, he found himself to have been much relieved by the operation."</p> <p>Six weeks afterward, a tumor of a smaller size than the preceding one had grown from the same basis. "This tumor could be pressed into the joint by the fingers, but did not slip into it spontaneously in walking, and, therefore, at the time when the man left the hospital, he did not suffer any inconvenience from it."</p> <p>Incision made over the inner condyle of the femur. "When it was thus exposed, I found the tendon to be, not a loose cartilage, but of a fleshy structure, and that it was connected to the synovial membrane, below the patella, by a broad adhesion. Having divided this adhesion, I removed the tumor. The edges of the wound were brought together by means of a suture, which was passed through the integument, and stripes of adhesive plaster. The patient was kept in bed, and the limb was supported by a splint, to which it was secured by bandages in such a way as to render the joint quite incapable of motion."</p> <p>About twenty-two hours after, violent inflammation set in, but under active antiphlogistics subsided. A month afterward, "the knee was neither painful nor swollen," and he walked a considerable journey, though "it was still incapable of perfect extension and flexion."</p> <p>The tumor was two inches and a half long, and one and a half broad, and somewhat less than half an inch thick. The following is appended as a foot note to the case:</p> <p>"A remarkable circumstance occurred in the progress of this case. The wound made in the operation united by the first intention; but the joint being much distended with synovia, the adhesion gave way, so that the wound was re-opened on the ninth or tenth day, and the synovia escaped in a small but constant stream. The discharge of synovia continued; but the joint being carefully retained in a state of the most perfect quietude, supported</p> |
| Mr. H—, a young man. | ..... | .....      | .....  | Direct incision. | Ben. Brodie | Ibid. p. 375.                             | Success. |  |

|                 |    |            |                               |       |   |                                       |   |               |   |   |
|-----------------|----|------------|-------------------------------|-------|---|---------------------------------------|---|---------------|---|---|
| John Fowler.    | 42 | .....      | .....                         | ..... | Direct incision.  | L. M. Lyons<br>Asst Surg.<br>U. S. A. | Med. & Sur.<br>Rep. Oct. 21,<br>1861.     | Success.      | Removed from "external side of joint." Body size of walnut.   | on a splint, no additional inflammation of it was the consequence. At last the flow of synovia ceased, the wound gradually closed, and in the course of four weeks it was firmly cicatrized." |
| T. Scarborough. | 23 | .....      | .....                         | ..... | Direct incision.  | Wm. Lawrence (at St. Bartholomew's).  | Lancet, Vol. 2, 1857, 1858.               | Death.        | White cartilage with small bony nucleus. Four days after the operation, the wound had healed without heat or swelling of the joint. In the evening of the fourth day, bleeding without assignable cause came on, and ceased spontaneously. Died on 21st day of pyæmia. Abscesses found in liver and brain on post mortem.   |   |
| Thos. H——.      | 34 | .....      | .....                         | ..... | "Valvular incision," not Goyrand's                      | William Ferguson.                     | Lancet, Vol. 2, 1860, page 350.           | Anchylolosis. | Originated spontaneously. Ten years' duration. Good health at time of operation. "The cartilage having been brought to inner side of patella and leg straightened, a valvular incision was made over it, and after some difficulty it was removed by means of a scoop. Some synovial fluid escaped during the operation." Inflammation set up the night following, afterward discharging pus. Recovery with ability to "slightly bend the knee without causing pain." |   |
| Sarah Davis.    | 25 | .....      | .....                         | ..... | Direct incision.  | Mr. Arnott.                           | Med. Gaz.<br>Mar. 9, 1839.                | Success.      | Size of walnut, pedicle size of little finger. Another returned in site of previous one.  |   |
| Negro man.      | 35 | .....      | .....                         | ..... | Direct incision.  | Dr. Berry.                            | Gross' Sys.<br>of Sur., Vol. 1, page 999. | Success.      | Thirty-eight foreign bodies removed.  |   |
| Man.            | 37 | Brew. man. | Injury six months previously. | ..... | Direct incision after failing with subcutaneous method. | Teale of Leeds Infirmary              | Med. Times and Gazette May 10, '56.       | Death.        | After attempting to confine the body by a knee-cap and failing, and trying the operation of Goyrand and failing, operated by direct incision. Some inflammation ensued, followed by death in seven days. Autopsy showed the femur to have lost a part of its cartilage, the supposed origin of the loose cartilage.   |   |
| Man.            | 22 | .....      | .....                         | ..... | Direct method after failure with subcutaneous.          | Birkett, of Guy's Hos.                | Med. Times and Gazette June 21, '56.      | Success.      | After failure in strapping and by Goyrand method, direct operation performed. No untoward symptoms. Cartilage small. Right knee.  |   |
| Ann K——.        | 27 | .....      | Fall 3 years previously.      | ..... | Direct incision.  | Arnott.                               | Med. Gaz.<br>Vol. XIV.                    | Amputat'n.    | After trying to confine with a bandage and failing, drawn to outside of patella and confined. Direct incision and tenaculum used. Removed two bodies. Inflammation set up fifty hours afterward. Two months after,  |   |



| NAME AND SEX. | AGE. | OCCUPATION. | CAUSE. | OPERATION.       | OPERATOR.   | AUTHORITY.                                     | RESULT.  | REMARKS.   |
|---------------|------|-------------|--------|------------------|---|--|----------|--|
| Serg. Muller. | 30   | Soldier.    | .....  | Direct incision. | John Clarke<br>"Sur. to the<br>Forces."             | Medico-<br>Chir. Trans-<br>actions, Vol.<br>V. | Success. | <p>Amputation of thigh. An examination of the thigh by sawing through the femur vertically, showed a cavity in the bone some inches above the condyles, containing two or three drachms of pus, which had evidently been there for months. Left knee.</p> <p>Discharged from the army in consequence of an enlargement of the left knee joint. Had had rheumatism three years previously, but it left no thickening of ligaments or bones. Joint large, and fluctuating. Could commence walking well enough, but on continuing "would instantly fall to the ground as if he had received a shot or severe shock of electricity," causing him to cry out with pain. The floating body could only be made perceptible by walking. On setting a time to operate the surgeon was several times disappointed because of its escape into the joint. Knee caps and bandages had previously been tried in vain to retain the body. Finally the body was fixed "over the internal condyle, about an inch from the lower portion of the patella," and while the knee was kept bent, a longitudinal incision was made, and a small body hardly larger than a pea, of exquisite polish, and resembling cartilage removed, hardly a drop of fluid escaping. In twelve days, a longitudinal incision on the outer side of the knee was made and another as large as a bean extracted, by means of a hook, it being attached by a small pedicle. An ounce of fluid was let run out intentionally. Subsequently a third body was extracted in a similar manner. He finally rejoined his regiment well.</p> |
| Wm. Morgan.   | 20   | .....       | .....  | Direct incision. | Arnett.   | Med. Gaz.                                      | Success. | Strapping, bandages, and gum elastic ring, all tried unsuccessfully. Direct incision finally resorted to. Going about well in twenty days.   |
| Man.          | ...  | Farm serv.  | .....  | Direct incision. | Cowan, of<br>Glas. Royal<br>Infirmary.              | Times and<br>Gaz. Vol. II,<br>page 302.        | Success. | Direct incision, two bodies removed. Six months previously had had two bodies removed. Cartilaginous bony centers. Healed by first intention.  |
| Man.          | 74   | .....       | Fall.  | Direct incision. | W. Cadge,<br>of Norfolk<br>and Norwich<br>Hospital. | Times and<br>Gaz., May<br>29, 1858.            | Success. | Attributed to a fall eighteen months previously. Too large to be allowed to remain in cellular tissue by Guy-raud's operation. Cut down upon directly. No inflammation. Discharged cured.  |

|                 |     |           |             |                                      |  |   |               |   |
|-----------------|-----|-----------|-------------|--------------------------------------|--|---|---------------|---|
| James Ellis.    | 33  | Farm serv | .....       | Goyrand's method.                    | W. J Square<br>Sur. to Dor-<br>set and E.<br>Cornwall<br>Hospital. | Times and<br>Gaz. July 1,<br>1857.  | Success.      | Two cartilages, one "the size of a hedge nut." Had been in fifteen years. Left in subcutaneous tissue two weeks, then removed.  |
| Eight cases.    | ... | .....     | .....       | Goyrand's method.                    | W. J Square<br>Sur. to Dor-<br>set and E.<br>Cornwall<br>Hospital. | Med. Rec.<br>Oct., 1871,<br>from British<br>Med. Times.   | 8 Successes.  | Says he has operated nine times, making thirteen incisions, by Goyrand's method. All successful.  |
| Man.            | 24  | .....     | Struck knee | Goyrand's method.                    | Sur. to Dor-<br>set Co. Hos.<br>England.                           | Times and<br>Gaz. May 10,<br>1856.  | Anchylolosis. | Subcutaneous incision, an attempt made to squeeze out the body not succeeding, straps of plaster were applied to keep it in position beneath the incision. In thirty-six hours violent inflammation set in, followed by sup-<br>puration. In nine weeks amputation was proposed, and rejected by the patient, who finally recovered with a stiff joint.   |
| Man.            | ... | Farmer.   | .....       | Direct incision.                     | Francis<br>Adams.  | Lancet.   | Success.      | Direct. No unfortunate symptom.   |
| Chas. Patterson | ... | .....     | .....       | Direct incision.                     | W B Lyman  | Lancet.   | Success.      | Direct. Cartilage size of a Windsor bean. Dressed with adhesive plaster and bandage.  |
| Man.            | 19  | .....     | Fall.       | "Subcutaneous."                      | Volkman.   | Bien Retro-<br>spect, New<br>Syd. Soc., p.<br>241.  | Success.      | Subcutaneous. A piece of condyle removed.   |
| Tabler.         | 51  | .....     | .....       | Subcutaneous by stretching the skin. | Mayo, of<br>Washington.  | Eves' Re-<br>markable<br>Cases in<br>Surgery.   | Success.      | Removed two bodies; largest, length two inches, breadth one and one-eighth; thickness, three-fourths; weight 301 grains; smallest, weight 175 grains.   |
| Man.            | 16  | .....     | .....       | .....                                | Paget.   | Bien Retro-<br>spect, New<br>Syd. Soc., p.<br>276, 1839-70,<br>from S'Bar-<br>tholomew<br>Hospital<br>Rep. VI. p. 1 | Success. (?)  | Mr. Paget, in the extract, says nothing of the mode of operating nor of the result; he takes the opportunity, however, of the fact that the fragment extracted seemed to be chipped off of the condyle of the femur, to descent at some length of this mode of the formation of loose cartilages, as contradistinguished from the ordi-<br>nary mode. The mode of operation has not been given, and the success is only to be inferred. |
| Mulholland.     | 40  | Laborer.  | Fall.       | Subcutaneous by stretching the skin. | J D Jackson  | .....   | Success.      | The foreign body can more properly be called bone than cartilage.   |

*Art. II.—Medico-Legal Insanity—No. 2.*

A paper read before the Meigs County (Ohio) Medical Society, and ordered to be published in the *LANCET AND OBSERVER*.

By A. L. KNIGHT, M. D., West Columbia, West Virginia.

In the further discussion of the subject of medico-legal insanity, I wish to make a passing allusion to a former paper read before you on this subject.

In answer to some quoted interrogatories upon the subject of insanity, your reporter there took the ground that mind is the result of physical phenomena, or rather that mind is nothing else than accumulated and retained thought.

I wish to be understood by this proposition or suggestion, that thought, in the broad acceptance of the term, is the sum total of *all* mental phenomena; and that the division of which into ideas, emotions, and passions, with the varied successions that are had in a train of impressions called reasoning, is, to say the least, but speculation and a play of words upon this simple term; all of which can be traced to a common cause, and to your reporter appear to be simply variegated excitations of sensation. However, in order to satisfy gentlemen who advocate the doctrine of the entity and immortality of a something that they are pleased to call mind, I will admit the proposition that there is such a *thing*; and will do so upon their testimony alone, unsupported by other proof, but shall demand that it be dismissed, as foreign to this discussion.

It is the physical that we have to do with, both legally and medicinally. We can neither punish, bleed, or purge mind; on the contrary, we punish the physical body for its acts, and look to it, and it alone, for mental manifestations.

Take, for instance, what some mental philosophers have styled an innate idea, that of hunger. It is nothing but a sensation, although the idea of food attaches, together (in the sane) with other ideas, or plans for obtaining it. As a further illustration, take the sensation of hunger and deprivation; the subject of it steals a loaf of bread; the act is called theft; does the law punish the thief or the hunger?

The thief is punished for putting in action a mental train of thought, embodying the plan of stealing, to satisfy another mental



act or sensation containing the "innate" idea of hunger. From this we infer that all, or nearly all, mental phenomena may be investigated by means of the physical universe or laws.

What positions take the two professions in this act of theft? The law will accept but one excuse in extenuation of the crime of theft; that is, insanity; and it will be the province of the medical expert to show the mental state of the thief in question. This brings me to another proposition in the former report, in answer to the question, what is insanity? Let us try this case, by the rule therein given: First, is he capable of associating cause and effect in proportion to his former training and education? Are his impressions of sequence normal, and his volition unimpaired? If these propositions can be answered in the affirmative, in accordance with the rule referred to in former report, he is sane; if not, the plea of insanity would be well taken. As this case is a practicable one, suppose we give it some investigation.

His ability to associate cause and effect will of course involve what we call reason and judgment; and if extended, will include the emotions and passions.

To ascertain that he is in possession of this power, we place him under inquisition direct and indirect—direct, if we are the inquisitors; indirect, if others are. If we find that he is deficient or wanting in this quality, and that he ignores the sequence, that is, the punishment of his crime—not defiantly, but with a false or abnormal impression of it—then we proceed to ascertain the state of his volition. But what quality of mental phenomena is volition? Webster says it is the act of forming a purpose, or determining a choice, either with or without the approbation of judgment.

It might be urged in this particular case that the imperious desire for food influenced the judgment, or that the willing of the act of theft was without the approbation of judgment? This proposition would seem to be untenable in this case; because, if he is found deficient in the two other propositions of the foregoing rules, the former of which embraced reason and judgment, so much *impaired* as to weigh but little in the scale, in either, approbation or disapprobation.

In examining further the state of volition in this case, let us suppose that there were other means at hand, or at least near at hand, to satisfy the sensation and desire for food, but without regard to the approbation of judgment, with indifference to sequences he takes bread in that quantity barely sufficient to satisfy the act of

volition, so far as is demanded by the desire for food. Then the function of this mental quality called volition ceases. Why not get rid of this balderdash, by calling things by more simple names? Let us see. Volition has no function whatever, it being simply the climax of a train of thought or sensations that causes the physical body to take on visible action of movement. In this way, the act of will, in moving and taking something to quiet the craving of hunger, was doubtless influenced by the desire of nutriment; but the choice of a particular kind of food, where there were sufficient to induce or form a choice, would argue an unimpaired will, if the other powers were not so much depraved as to preclude the probability of his making a choice at all. Again, it has been very properly said, that deprivation of subsistence destroys or impairs the will. We will then assume that volition in this case is or was impaired, inasmuch as the proposition further stated that the subject was in a state of hunger and deprivation; consequently the fellow was crazy and not responsible for his act. But to assign it to either of the divisions required by rulings of the courts would require further investigation and other evidence.

This case is given as a novel plan of investigating all forms of insanity, for additional evidence to meet other phases of the disease could with ease be applied. Should it hold good in all cases, as I think it will, it would be a great relief to the medical expert, by aiding him in conducting an examination; and, whether it holds good or not, evidently some uniform system or principle of investigation is desirable, so, if possible, to obviate the confusion necessarily arising in examining insanity under its multiplicity of phases, where the legal requirement is to reduce them to one of the forms alluded to, which the courts rigorously exact, being guided by precedence and common law. This feature of the common law practice of classifying insanity, is perhaps simple and rational, yet it might be abridged by using the term *non compos mentis*, which would certainly cover the whole field of mental derangement, and thus leave it to the medical expert and the jury to say whether the mental alienation is such as to relieve the party of his moral and legal responsibility. But this remedy can only be had through the ability of our barristers, who should post themselves in these and other rulings, and use their forensic powers in obtaining different rulings in their respective courts, so that in the future an improved practice would become general, and the confusion of classing special cases would be got rid of.

Some of these rulings call loudly for reform, among which it has been held that the present mental status of one in whose behalf the plea of insanity is urged shall not be given in evidence on trial, as touching his sanity or insanity at the time of the commitment of a crime preceding his trial, and that he is not necessitated to submit himself to a physical examination by the medical expert at said trial. (*State of West Virginia v. John Haller, April, 1863.*) This practice abridges the expert's ability to weigh and account for much of the evidence that is offered in behalf of the plea, and it could be done without compromising the prisoner's right to his present status.

Another objectional ruling is that given in my former report—that the expert shall be confined to what is, or might be styled, circumscribed expert evidence; that is, giving an opinion upon foregoing evidence, introduced in the hearing of the expert witness, and conducted in nearly, if not all, cases by the counsel for the defense, who often obtains a batch of testimony that is conflicting and irrelevant, upon the culled points of which he, with beggarly effrontery, demands of the doctor an expert opinion. Or, more frequently, he presents what *he* conceives to be the good points in the foregoing testimony, so direct and pointed in manner and so isolated from the evidence in chief, that the expert is compelled to affirm or deny in a desultory manner, and thereby often do injustice to himself and the cause at issue.

Take the case of *The State of West Virginia v. John Haller*, for shooting and killing Lewis Wetzebein, the trial of which will better illustrate these objectional rulings, and more forcibly impress them upon your minds, than any argument that I could adduce. I will report the case, though it is somewhat lengthy, as it contains many points of general interest, and is a novelty in the annals of medical jurisprudence.

There were two pleas set up in the defense, viz: insanity and excusable homicide. The former was based upon the following testimony, coupled with the expert opinions of six respectable physicians, one of whom was the prisoner's family, and another his attending physician in a special case. The evidence went to show that the prisoner had been diseased from one to two years with epithelial cancer of the eye; that it was very painful most of the time, and periodically excessively so; that he had misgivings and evil forebodings of the final result of the disease; was always doubtful of a complete recovery; that he had from time to time



submitted to several painful operations upon it, with fruitless results. That he was a man of peculiar nervous temperament; that he had almost a maniacal desire for political preferment, and to be a leader in all his associations. That it was in the midst of the most sanguinary struggle for the perpetuation of the Union of the States. That he had taken an active part in the formation of the new State of West Virginia, making himself particularly obnoxious to the government of Eastern Virginia. That he was continuously under the excitement of the clank of arms of the contending forces. That by this excitement, and nerve irritation induced by this and his disease, he was continually and extremely apprehensive of capture by his enemies. That he slept but little, and had, or appeared to have had, hallucinations, and fancied that he was surrounded by enemies; that parties were conspiring to kill him, or to do him some serious injury; that they were taking refuge or concealing themselves in an old mill that stood near his residence; and at one time he attempted to fire the same, in order, as he said, to dislodge them, so he could shoot them. That he insisted that the newspapers be read to him at any and all hours of the night, often requiring that the most trivial paragraphs be re-read several times. That he would laugh heartily at the accounts of the most revolting murders and other crimes had during those much-to-be-regretted episodes of our country's history. With other evidence of a similar strain too tedious for this report.

The plea of excusable homicide was supported by the following evidence: That the prisoner, though he went with an apparent murderous intent, encountered the deceased in the store-room of the latter, and made demonstrations of shooting him, yet did not immediately do so. That Wetzebein ran into an adjoining counting-room, out of sight of the prisoner, but returned to the open door between said rooms in a menacing attitude, having his right hand under the left lapel of his coat, with the appearance and manner of one having a concealed weapon in his hand, and said, "Now come on with your shooting," when prisoner fired. The witness who stated this, said that "so certain were he and others that were in the store at the time that deceased was armed and intended to shoot, that they all took flight to prevent being in range of his fire-arm."

It was further shown that prisoner's victim was his political rival, who had from time to time made scurrilous attacks through the public journals upon him, criticizing his moral and political

character. That the last one of these articles drove him to a state bordering upon frenzy, and rendered him for the space of several hours apparently demented; after which he slowly and deliberately examined his pistol, carefully loaded it, and walked direct to the place of business of his victim, and there shot him as above stated, killing him instantly, speaking but one or two words during the entire drama, returned to his own house, and made no effort to escape the penalties attached to his crime.

The State, in the prosecution, proved but little beyond the affray as above given, except that it attempted to show premeditation on the part of the prisoner by some minor testimony in relation to his acts and conduct just prior to the fatal termination of the deed.

The verdict in this case was, "That the prisoner be fined \$4,000, and costs, to be paid to the mother of the deceased."

This verdict shows that the plea of insanity was not sustained, else the prisoner should have been entirely acquitted.

I have given this case for reasons before stated, and not for any special interest it has, but rather in a practicable way, to show the manner in which affirmative evidence on the plea of insanity may be wrung, as it were, from the lips of honest expert witnesses, by rulings like those that were made in this case, and which were doubtless founded upon precedents in the common law practice. If I am not mistaken, several exemplary rulings of the kind are contained in Grattan's Law Reports.

Judge Loomason ruled in this case that the expert witnesses should give evidence, or rather their opinions, upon the foregoing testimony, but at the suggestion of counsel for the State the experts were separated and not allowed to hear the opinions of each other. And in this instance there was a remarkable unanimity in their evidence, as shown by the notes of counsel, and it led to this: Granting the truth of the foregoing evidence, they swore that the plea of insanity was well taken; that it was at least presumptive of *insanus curtus*, supposing that the evidence of the former witnesses was true, and that the symptoms they detailed as attached to the prisoner were unfeigned.

Did these six experts do right? It is not the opinion of your reporter that they did, because they allowed themselves, through the management and maneuvering of counsel for the defense, to take a one-sided view of the evidence, allowing themselves to be confined, by simply giving answers to leading questions, to that re-

lating to the insanitary condition of the prisoner, to the exclusion of other important testimony upon this very point, and into the discussion of which they should have wormed themselves, regardless of counsel on either side, with which they would have placed this case on quite a different status.

It might be charged that the counsel for the prosecution was incompetent, and had shown a want of sagacity in not putting their interrogations with reference to other evidence bearing upon the subject. This would be a groundless charge, even in this or any case to make; for, had they questioned in that disconnected manner so characteristic of gentlemen of that profession in the investigation of a subject upon which they are generally so imperfectly informed (I hope they will pardon me for this involuntary slander), would have only led to confusion, and perhaps contradiction, in the chain of evidence given by the experts. I am rather inclined to think that the counsel regarded the expert evidence of very little weight in the case at all, and preferred to rebut the argument in the defense for the insanity of the prisoner by argumentation based upon what evidence they had, going to show that the prisoner was of sound mind at and before the committal of the crime.

Suppose we try this case by the rule given in my former report; to do which we will examine that part of the evidence relating to the prisoner's general mental condition for at least one year prior and up to the act of murder. We do not find a single instance of aberration of mind aside from the evidence apparently trumpeted up for the occasion. I use this harsh term, not as an aspersion upon the character of the witnesses, for it is possible, and perhaps highly probable, that they saw the symptoms of which they testified, but for the sole reason that the extravagant symptoms given did not accord with the general history of the prisoner's mental status, as is inferred from the other testimony. We find him at all times capable of associating cause and effect, with a most excellent appreciation of sequence, as is evinced by the care that he took of his physis, his complete understanding of his disease, his proper dread of its consequence, as shown by his subjection to treatment with a confidence and determination that could hardly be looked for in the insane, tacitly and confidently submitting to several painful operations at the advanced age of fifty odd years. Also, by the lively interest he took in the political movements of his countrymen; his desire, designs, and schemes to be on the popu-



lar side upon disputed and doubtful questions; by his weathercock changes, as the political pieces moved over the checkered board, for good or bad—all of which stands out in bold relief, when we examine all the evidence in the case concurrently and impartially. And we are impelled to the conviction, in accordance with the rule referred to, that this party was evidently sane at and before he committed the murder, and responsible to his countrymen and their law for his acts, and which will be more fully apparent if we examine the evidence a little further.

The result of this trial, you will please notice, did not establish the fact of the prisoner's irresponsibility. The plea of excusable homicide was well taken, and supported by, as we perceive, evidence which went to show that the actual deed strongly indicated one of self-defense, although the prisoner had sought his victim with implied intent to kill.

Here I wish to remark that a want of motive, so often made a point of, was not urged by the defense. Perhaps it was because that the evidence but too plainly indicated one of hatred and revenge.

But to return. The defendant on becoming aware of the nature of the scathing article written by deceased, which article was offered in trial, did not act so extraordinarily from that of a sane party. They were perhaps truthful accusations, or rather the prisoner acted like they were, and that he had no redress, except the extreme remedy that he took. He evidently weighed in his mind the sequelæ, contrasted them, could not consent to the apparent traduction of his moral and political character, as likely to be affected by the article, coming as it did from a person of high political and respectable attainments, coupled with the ill-feelings that so universally attach to rivalry. And coming, too, in the morning after a night of unrest, so played upon his emotions and passions as to distract his better judgment for the time being, and which amounted to what we term excessive anger, or what would be equally as inexcusable, that I am pleased to style, hypochondriacal despondency, not excusable before the law.

Indeed, from the whole evidence it is nearly presumptive that he did not contemplate the death of his victim at all. His actions partake more of the character of a braggadocio, making an attempt at defense of character by a warlike attitude, rather than actual combat, and that the attitude assumed by Wetzebein at the second encounter changed the whole affair.

One strange feature in this trial is that the counsel for the prosecution did not examine in chief either the prisoner's family or attending physician nor any of his better informed neighbors in their rebutting testimony. I suggest to prosecutors the importance of this kind of evidence, when it can be had, to establish the general habits and sanity of the prisoner, in these pleas, and to give the experts the benefit of the same to weigh with the special pleadings brought forward in his defense, as the best that can be practiced under the usual rulings of courts at present.

The claim set up for the present practice, that I have feebly attempted to combat, is this: That if the expert is permitted to give his evidence and opinion touching the sanity or insanity of the prisoner, that he assumes the prerogative of a juror, or at least forestalls the jury by pronouncing that which is equivalent to guilty or not guilty. So the court says by implication to the defense, bring on the evidence, or symptoms, to establish your claim for the plea; let experts give an opinion and pass it over to the jury. Now this is simply an absurd way of arriving at truth, as you see illustrated on this trial of Haller. This calls loudly for reform. It seems to me, in the absence of a better plan, that the following one might be adopted: That is, that when the plea of insanity is urged, either in criminal or other suits at law, that the party should be turned over to a court medical, consisting of at least six physicians, with jurisdiction and power to try the party's claim to the plea, and to compel the attendance of witnesses, officers, etc.

It occurs to me that I have seen this idea in some of the prints, but I can not now say just where.

I have in extending this discussion avoided all literature upon the subject, for which offense I beg pardon. I submit this paper with great deference, begging leave to say that I have in my own mind established several principal points herein taken:

1. That the rule given or growing out of the definition of insanity is a safe and efficient guide for nearly, if not all, cases of mental aberration. By carefully analyzing all the physical symptoms, and the apparent impressions made upon the subject of delusion by physical causes alone, leaving out of the query all his notions of abstract ideas, we can with great accuracy make a case of simple insanity, where existing, that will fall under the head of some of the legal classifications of the disorder. Having done this, it matters little about other terms and classes, more espe-

cially the term moral insanity, based upon the party's misconception of abstract ideas. I venture the assertion, that one found to be insane by the rule given, will be *non compos mentis* in any classification, however difficult it may be to assign him to any particular class.

2. That the legal classification of unsound mind into mania, monomania, dementia, idiocy, and lunacy, is arbitrary and incompatible with the varied phases under which the disease is seen, when the term unsound mind shields the subject from *all* legal responsibility, unless our legislators should see fit to make some statutory laws upon a proposition, that there should be a graduated scale of irresponsibility, that is, that certain degrees of insanity should be held under certain degrees of penal law. Then there might be some justification in a judicious classification.

3. That the present ruling and practice of our criminal courts is highly prejudicial to the dignity and public standing of the members of a profession, who are, or should be, a head and shoulders above the much boasted and foolishly lauded profession of the law—the ability of whose, often pigmy, members is so blindly and generally overrated as to place them in the higher places of political trust and honor; who are naturally ignorant of nature's commonest laws, but well versed in that thing called “common law” and its practice, which should be, but is not, founded on the laws of nature, but rather upon ignorant usages and superstition; they assume the prerogative of being the arbiters of the fundamental principles of our social fabric. And thus the medical expert is cramped in giving evidence before them, and placed in a false light before the public, on which he depends for position and sustenance; and very frequently the protecting arm of the law is paralyzed and the great ends and aim of justice signally defeated.

4. That as medical men we can not deal with this subject of insanity, or medico-legal insanity, in any other manner than to regard mind as a manifestation or phenomenon of physical causes, and in this sense we should take these manifestations or phenomena as our predicate or starting point, and when we speak of them as a principal, I see no good reason why it should not receive the subrogate name of mind. That to go beyond the faint rays thrown around the physical, into the mystical labyrinths of speculation, is poor, deluded blindness, groping the spiral paths of the blackest, double-distilled quintessence of darkness!



## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Eczema*.—*Dr. C. O. Wright* read the following: As chairman of the Section on Skin Diseases, I beg leave to present the following report, promising but little, if any original matter, but a summary of views upon the subject of eczema, a disease met with in almost daily practice, and the most common of all skin diseases. I have taken this division by request, on account of the following interesting case:

R. G., æt. 55, of lymphathic temperament, habits sedentary, and a generous liver, was attacked, some seven years since, with what was termed a pustular disease of the scalp. He placed himself under the care of physicians, and after a very lengthened interval, had the disease subdued to that form called by Wilson pityriasis, from which he suffered until last September. The disease made its appearance upon the arms, trunk, and extremities, and became very stubborn. The physicians, as well as the patient, became very much discouraged, and finally, in July last, he fell into my hands. I found, upon taking charge of the patient, an eczematous patch the size of a shilling, just over the right ear, a general scurfiness of the scalp, an eczema squamosum on the trunk, and an eczema rubrum of the legs, associated with a roseola of the thighs. There was extensive infiltration of the skin of the legs, some exudation on the surface, little or no itching. The skin felt thick, was extremely red, with vesicles and pustules dispersed generously over it, and of a bright, glistening appearance. I immediately placed him under treatment, and about the first of September he had improved so much that he was induced to go to Sulphur Springs, at Delaware. He remained there about ten days, and upon his return I was surprised to find such an aggravation of his trouble, particularly of the legs; the inflammatory redness and thickening of the skin having wonderfully increased, and the pustules more thickly dispersed; while the œdema was greater than at any time during the past year. I ordered the local ap-

plication of poultices (although some authorities advise against it). After the active inflammatory symptoms had subsided, I had the limbs thoroughly saturated with carbolic acid, almond oil, and glycerine, while internally I administered Fowler's solution, in combination with the fluid ex. stillingia, and am very much pleased with the result, and from his appearance am expecting a cure.

I do not purpose at this time to give an extended report upon the subject of eczema, but simply to give the opinions expressed upon some of the points in the above narrated case. To enter into an account of the subject, giving its varieties and divisions, its differential diagnosis and complications, would take up more time than the Academy would be willing to spend.

Eczema has, by most of the modern authorities, been taken as the type of the vesicular diseases. I. L. Milton claims, however, that in most of the cases it is not a vesicular disease at all. He says he watched cases hour after hour, and although he found vesicles enough, none passed into an eczematous surface. That most of the so-called vesicles were nothing more than minute accumulations of fluid, formed at the junction of the hair with the skin; that neither their course, situation, nor form correspond with those of true vesicles, and that touching them gently with a blunt-pointed glass rod, a minute drop of serum will be found adhering to it; and he gives quite an extended article to prove his position, which is that it is purely a papular disease.

Wilson states eczema to be "an inflammation of the skin, accompanied with an alteration of its structure and derangement of its functions; it is more vascular, and consequently redder; its sensibility is morbidly increased; it is thickened by infiltration of serum into its tissues; it exudes serous lymph; its cuticle is sometimes raised into papules, sometimes into vesicles, sometimes wholly removed, and is replaced unhealthily, so as to form mucopurulent secretions and squamæ of various sizes; and is replaced sometimes by crusts of different thickness, resulting from dessication of the morbid secretions." "That it depends upon one of three forms of debility, and has corresponding symptoms." He divides eczema into three stages—a 1st period where we have "redness, heat, swelling, papulation, and sometimes vesiculation; 2d period, exudation, incrustation, and sometimes suppuration; and a 3d period, where we have desquamation with redness, and often thickening of the skin."

Hebra dates our knowledge of eczema from the time of Willau,

and that authors since then have adopted his names and divisions, and he quotes from Rayer, Gibert, Chausit, Devergie, Cazeuave, and numerous others. He takes exceptions to some of the views advanced by Wilson, as being inaccurate, although admiring his work as a whole.

He defines eczema to be a disease of the skin, usually of a chronic course, characterized either by the formation of aggregated papules, and vesicles, or by more or less deeply red patches covered with thin scales, or in other cases by a moist surface, while in any of these forms there may be developed in addition partly yellow and gummy, partly green or brown crusts, accompanied by violent itching, which lead to excoriations. In illustrating his definition, he produces an artificial eczema, which is characterized first by papules and vesicles; next, the formation of red, weeping patches; then the development of pustules and scabs; and lastly the stage of redness and desquamation.

Dr. Buchanan states that "the lesions of eczema at the commencement are *localized maculæ* (erythematodes); the maculæ pass into *papulæ* (eczema papulatum); the papulæ into a *vesicle* (eczema of Willau); the vesicle on giving way into an *excoriation* (eczema rubrum) or into *pustule* (impetigo). In the next place the skin becomes infiltrated, while the secretion, if there has been any, dries up; and the whole process terminates with a *desquamation* (eczema squamosum)."

He claims these forms may be assumed from the beginning; or they may follow one another with a regularity more or less complete.

They represent "ideal stages;" but at any of these stages, the disease may be arrested, and may persist; so that they come to express, not stages only, but varieties. The first two stages—grade 1—are dry eruptions—eczema siccum. The next four—grade 2—are moist—eczema humidum. The last two—grade 3—are again dry.

Squires follows the same track, and classifies eczema as the type of the vesicular diseases. He states that in the acute form, we have the reddened patches, on which are speedily developed vesicles containing clear serum, but they soon subside, becoming re-absorbed or ruptured, and allowed to exude. In the one case we have furfuraceous scales; in the other thin crusts. His description of eczema rubrum answers distinctly to our case. We think from the evidence here adduced, that eczema is properly classified



as a vesicular disease; and that our case, though presenting a variety of forms, was and is a true case of eczema. As the sensibility of the skin differs in various parts of the body, the eruption will thereby be modified. We had associated with the eczema an eruption of roseola, and as the eruption had assumed an acute form, "from the inflammatory redness, and swelling of the skin," might have been taken for an erysipelas; but was distinguished from the fact that "in eczema the skin is never stretched and shining, but is cedematous and swollen," and covered with more or less minute vesicles containing either a clear watery secretion, or a yellowish fluid. In chronic eczema we observe an increased secretion of albuminous fluid, and also a marked swelling and thickening of the true skin, so as in many cases to produce a gradual enlargement of the papillæ, and great increase of the connective tissue forming the cutis."

In regard to the enlargement and thickening of the skin in our case, Dr. Damon, of Boston, says: "Eczema of the leg, especially if the discharge is only moderate in quality, and the disease is of long continuance, may result in serous infiltration, and even hypertrophic thickening of the integument, producing a condition like the Barbadoes leg; but from which the patient may recover under proper hygienic conditions and treatment. After absorption of the newly formed tissue material, these legs still present a condition of the skin which somewhat resembles ichthyosis. Extensive vaso-motor paralysis very often takes place in chronic eczema of the leg, and it is in this stage which constitutes much of the redness in eczema. The redness generally comes on after an abundant escape of the serous fluid, and at the period of incrustation and repair. Masses of epithelium are cemented together by the effused serum, and become dark or black from exposure."

Tilbury Fox says eczema "depends upon perverted innervation, this being capable of directly inducing not only vascular changes, but even changes in the cell elements of the skin; and that the application of soothing remedies in the early congestive stage, acts in two ways—it allays irritation of the nerves directly, hence the value of poultices and fomentations; secondly, it diminishes the congestion, which favors the "discharge" of eczema. The vesiculating process breaks away the cuticle, leaves the *rete*, and it may be the *derma* exposed, and favors the free access of oxygen.

We have now, in as few words as possible, pointed out a few of

the main points in our case, and hope during its progress to present others. Not wishing, however, to tire the Academy at this time, we will defer any further remarks.

*Dr. Cundell Juler* said eczema was a cutaneous disease, of which very much had been written in standard works, as well as in the current medical literature; a whole book indeed had been devoted by one author to its consideration.

It deserved a large share of our attention because it was found in both sexes, and in all stages of life, affecting the strong as well as the weak. It might appear on any part of the body, where its exciting cause was in operation, or become the attendant of other skin diseases. The infant in its nurse's arms might be seen with its head covered with an oil-skin cap, its cervical glands enlarged, small patches of eczema disfiguring its pale face, and its temper rendered irascible by the irritation of the scalp, because carelessness had suffered dirt to accumulate around the hair follicles, creating congestion, followed by the appearance of papules, pustules, or vesicles, ending finally in catarrhal inflammation of the skin, the vesicles bursting, forming yellowish scales, which crowd one upon the other, constituting a loathsome covering to the scalp. The stalwart bricklayer, grown vigorous in the open air, and browned by the sunshine, appears with his giant hand swathed in linen, disabled for work, because the dust from the bricks and mortar that roughened his skin, has brought out a crop of eczematous vesicles upon his hand.

The restaurateur has so often had sugar in solution brought into contact with the peripheral terminations of the nerves of the hand, that at length they have lost their hold upon the walls of the capillaries; contractility is impaired; passive exudation of serum occasions redness, pain, and thickness of the skin; with an effort to relieve this condition, vesicles arise, break into acrid tears, excite uncontrollable itching and harden into scabs; the glove is withdrawn from the hand, the luxury of scratching is indulged in, the parts are torn and bleeding. Trophic nervous debility has been brought about by an occupation that excluded life-giving sunlight and pure air; the nervous system is impressionable to any external influence, the morbid central nerve structure responds to the impression by continuing it on by other routes, till the disease prevails along the fore-arm and trunk, as well as the thighs.

A lady in the full flower of life, accustomed to mend her children's torn apparel, approaches as if she had something to hide;

drawing off a finger-stall, she submits to your inspection a red, raw, irritable condition of the skin, studded with fiery looking papules, extremely difficult to cure. Tell her it is not scorbutic and you will make her footsteps lighter, and the good word will be received with joy for her children's sake; but ere you have succeeded in completely removing this trouble, she inquires whether you are driving the disease to the fingers of the other hand, for she observes an affection exactly like the disease you have been treating appearing upon a corresponding part of the unaffected hand—a secondary attack, which you afterward find to be more difficult to combat than the primary invasion.

There are three different ways, I have accustomed myself to believe, in which pathological changes may take place in the skin, primarily due to irritation of the peripheral terminations of nerves:

First, as when vaccine or syphilitic virus or other irritant is inserted subcutaneously, the afferent nerves having transmitted the impression to the nervous centers, the efferent nerves receive instructions to dislodge the stranger; unseen changes are initiated, till at length a pustule, a point of ulceration, or an abscess appears; having matured and its mission ended, a cicatrix is left to mark the spot where it first had birth.

Secondly, the peripheal terminations of a large number of nerve filaments having been for some time affected, the impression thus made upon the centripetal nerves is borne along to the ganglionic corpuscles, whose processes or fibers communicating in some unknown manner with those proceeding from the nerve corpuscles, from which the vaso-motor nerves, supplying the corresponding part of the body, have their origin, is conveyed in the opposite direction to the part affected; thus eczema established upon the hand or a single phalanx, lepra upon the elbow, lichen upon the thigh, or psoriasis over the eyebrow and by the side of the nose, on one side of the body, will in time be followed by a new creation, deriving its birth from the original disease, slowly developing upon the corresponding parts in the opposite hemisphere of the body, and not limiting its growth till it has become similar in appearance and as wide in extent as the primary affection.

Thirdly, where, in a person of a peculiar idiosyncrasy or a predisposition to infection, the peripheral terminations of nerve filaments, supplying internal living membranes, become irritated or affected by improper ingesta, as shell-fish, copaiba balsam, cinchona,



etc., or by the inspiration of air laden with deleterious properties, when we may not only have efflorescence, papules, or pustules, etc., upon the skin, passing away in a few days, but also a morbid activity of the nervous system generally. These views, I maintain, are no wild flights of fancy, but are based upon the experiments of physiologists, as well as upon the records of medical practice.

If the thoughts of others awaken no thought in us, then books are a bore and quotations from them a nuisance in this assembly. In attempting to appear learned we are led into a quagmire of so-called authorities, dividing up the disease into numberless varieties, leaving the inexperienced in a slough of despond, without a light to guide him to the shore. While all writers on dermatology think that the elementary lesion in eczema is of great importance, they quarrel among themselves as to the true nature of this elementary lesion. Some maintain that it is an erythematous state of the skin, others a fissure, others a papule, others a pustule, others a vesicle, while others assert that it is a blending of several or all of these. The student is asked to remember the differences characterizing eczema erythematodes, eczema rimosum, eczema papulosum, eczema pustulosum, and eczema vesiculosum, while we, observing more or less of these lesions present, learn to diagnose the disease from its general appearance.

The treatment in eczema should be general in its adaptation, as well as local. Let us not follow exclusively the system inculcated by Herra, of Vienna, nor that taught by Hardy, of Paris, but in our treatment of a patient, judiciously combine their different methods. We shall be wise in remembering that alimentary affections and diseases of the skin are often vicarious of each other, and thus we shall at once see the necessity of directing our attention primarily to the manner in which the excretory organs are performing their functions. Here much might be said, but I have time only to remark, that irritation of the nerves of the lining membrane of the bowels is not only a great source of skin eruptions, but the irritation continuing may give rise to other nervous phenomena, leading presently (as Dr. Mitchell, of Scotland, has shown) to insanity. Therefore, nature, in her efforts to get rid of this morbid nervous condition, should never have her work upon the skin thrown back upon her, to find a vent in a less harmless fashion; but if the damage to the skin is not likely to be too excessive, by encouraging cuticular manifestation, as might be in

variola, it should be nursed upon the surface and cured just where it is, whether it be of the nature of eczema, herpes, pemphigus, syphilis, or what not.

Thus while we should remove every source of internal irritation, and advise a diet of a simple and nutritious kind, we should at the same time protect the cuticle from the chafing of flannel or the alternations of heat and cold, as from the drawing-room to the open air, avoiding exposure to the scorching sunshine, as well as to the biting, piercing winds of winter. Any itching of the surface must be allayed by suitable baths or unguents. In eczema, where the cuticle is often broken, cracked, and poisoned, the access of oxygen would hurry on the inflammatory changes. Patients find this out without waiting to be told, and hence eczematous disease has to be uncovered before being submitted to our inspection. Here in the local treatment, soothing applications, as poultices, water dressings, etc., are imperatively demanded. The weakened capillaries will recover their lost power more quickly under this treatment than by being rubbed into temporary energy and contractility by Hebra's soap treatment. Thus let the body and mind be placed in a state of health, that there may be no morbid source of reflex action irritating the part from within, and see that externally the inflamed surface is kept free from rancid ointments, caked powders, stale poultices, as well as dried discharges. When, however, the disease has passed from the acute to the chronic condition, the general health suffering thereby, administer tonics or alteratives, as cinchona or arsenic, and relieve the surcharged blood vessels, which give rise to redness, pain, and swelling, by the free application of leeches to the affected part. Where, however, the system has become accustomed to this local condition, as in eczema intertrigo, we have to insist upon the skin assuming a new condition of life. For ten years, perhaps, small pustules have appeared in indolent succession, slowly discharging their contents upon a membrane of many hues. Small islets of scales speckle its surface, and the intensively sensitive derma denuded of its epithelial covering by transmitting the irritation to the brain, gives rise to an irascibility of temper that few like to encounter.

Acetum cantharides made of the glucial acetic acid, among other things, is recommended for external application; but my remedy is, smearing the part every alternate morning with the pure carbolic acid—but here, where the deep vessels are seriously involved, we may hasten the cure by resorting to a modification to

Volkman's stabbing and slashing process, as practiced in cases of lupus exedens. When the parts have become enlivened, and the senses have been notified of the foul stain that marks the outer wall of their beautiful homestead, then the application of leeches and soothing remedies may be needed to control the activity that is awakened to restore the skin to its pristine condition. By the mere application of the principles of medicine, we may succeed in subduing many forms of skin disease, whether depending on perverted innervation, paresis of the nerves supplying the blood vessels, or on hyperæmia and stasis in the capillaries of the papillary layer of the skin, or in changes in the fibro-cellular tissue, or congestion of follicles, gland sacs, etc., or in serious alterations in deep-seated vessels. But while keeping the surface of the body warm, sometimes with a covering of woolen material, we should also apply, besides poultices, water dressings and pomades, or a form of absorbing astringent or simple powder. Of course, there are many cases of skin diseases, when the system having been duly prepared, certain drugs may be brought into use and prove highly beneficial. When some special drug is indicated it should be given *uncombined*.

I protest against the practice of that physician who writes down upon his prescription all the medicines he may chance to remember, with the vague hope that the disease will see proper to make its own selection. Here it is necessary that I should say, we have no specific in medicine for any form of skin derangement. Indeed, we have no medicine that can be called a specific for any disease. The man who pretends that he has discovered one, is merely a vulgar-minded, heartless cundurangist, who has self-interest to serve and no honor to sacrifice. There is, however, such a demand for specifics in this practical age; it is so pleasant to think that when our beautiful piece of mechanism has been unduly strained by a long course of dissipation or overwork, that some new discovery will give to it a renewal of life; so pleasing to the trifling student as well as to the self-indulgent practitioner, to imagine that some day he may stumble upon the elixir of life, becoming thus immortalized in fame's proud temple, that it can not be too often or too forcibly impressed upon the minds of students, that we have not, nor ever shall have, a medicine that can at once rectify the clear results of warnings neglected, offenses committed, or of exposure to causes that are known to engender disease.



If the contrary were true, it would be as well to revive the custom prevailing among the ancient Greeks, who, in your able translation, Mr. President, of Renouard's "History of Medicine," are represented as having to station themselves in the streets, after having recovered from sickness, that those who thought themselves similarly affected might apply the same remedy in the cure of their own maladies. Yet, by many, arsenic has been vaunted as a specific in these disorders. I have seen some hundreds of cases treated by Mr. Hunt by this orthodox remedy alone. There are many medicines that act, at times, upon the system as by magic as well as arsenic or quinine; yet they are not called specifics. Therefore, when a writer reports a case treated successfully with arsenic, it would be better to name the indications demanding its exhibition and the conditions observed while it was exercising its influence upon the system. If I wanted arsenic as an alterative, I should give it in small doses, in the form of Fowler's solution, or De Valangin's; but if I required it to diminish congestion, by exercising a tonic effect upon the nerves, supplying the walls of the capillaries, I would commence by giving large doses of the drug, till having established its toxical influence upon the system, maintain the creamy tongue or injected conjunctival, till the disease was cured.

To illustrate: In the case of the child with chronic eczema of the scalp, I would, after due preparation, give Marvin's cod-liver oil, as an element of food, to be followed by suitable doses of Fowler's solution, with the view of its re-energizing the trophic nerves, rousing the capillaries of the scalp to assume their normal functions. In the instance of the bricklayer, an arterial sedative would be given, in the form of minute, frequently repeated doses of *vinum antimonii*.

To the restaurateur, who most likely would have cold extremities, an unhappy stomach, and lithates in his urine, I would administer the liquor ammoniæ acetatis, in teaspoonful doses every four hours. As in the case of the lady, so also in the case of eczema intertrigo, Fowler's solution would be given throughout the day, while the general disturbance to the nervous system, sometimes observed, would be overcome by the administration of sedatives at bed-time. When the *acarus scabiei* and its destroyer, sulphur, become the source of eczema, we should treat it in the same manner as impetigo following eczema, with soothing applications externally, and quinine administered as a medicine.

## Correspondence.

BOSTON, MASS., *November 10, 1871.*

*Messrs. Editors:* Although your correspondent has been silent for some time, still the medical world moves on as usual, in its own quiet orbit. The lectures at the Harvard Medical School are progressing satisfactorily under the new programme, although the attendance of students is not as large as under the old *regime*. At the last meeting of the Suffolk District Medical Society, several cases were reported where cundurango had been tried in cancerous disease without any appreciable amelioration of the symptoms.

I notice by the recent returns of our State election, that quite a number of physicians have been elected to our Legislature, showing that politics, sometimes, have a charm for the medical man.

An edict has gone forth, from the Massachusetts Medical Society, summoning the homeopathic practitioners, who are members of the Society, before the trial commissioners, to answer charges preferred against them, as violating the rules and regulations of the Society, and to show cause why they should not be expelled from the same. Lively times are anticipated.

The seventy-fifth annual commencement of the Dartmouth Medical College closed November 1. The exercises are usually held in the medical building, but this year the spacious college chapel was selected, and the occasion was one of special interest, as the room was filled to repletion with attentive listeners. There were fourteen graduates. Dr. Wheeler, of Dover, a delegate from the State Medical Society, pronounced the valedictory address. I give a brief sketch, as reported in the *Boston Journal*:

"He commenced by remarking that the science of medicine has been and is now a growth, and consequently has not yet reached perfection. This science, which has progressed so far from small beginning, is committed to the medical graduates to be carried forward by their devotion. Let it be advanced as far as possible in their day. People misjudge medicine, because it is not a revela-

tion, and because, under the providence of God, man is directed to search out his own construction and also the nature of the disease and its remedies. The inspection of medical science often tends to lead persons into error and quackery. The growth of this science was illustrated by the leading ideas upon it which have been held from time to time. From its very imperfection its growth would naturally have different phases or schools. Medicine has advanced in the same ratio with the progress of collateral science. It is no disgrace to it that different theories have been held from time to time. As knowledge advances medical views will gradually change. The great duty of the medical men of the present day is to carry forward that work to which the fathers of medicine devoted their lives. In concluding an address, of which the above is but a brief outline, the speaker exhorted the members of the graduating class to be ever faithful to their high trust, to strive for progression, and to aim at the higher standard of professional excellence. The discourse was finely written and well delivered, and was highly praised by the medical gentlemen present."

Prof. Field, in behalf of the Faculty, made an entertaining, humorous, and instructive address, his subject being the "Old Time Physician."

This ancient school still maintains its former reputation, although its graduating classes are not large.

In the twenty-eighth registration report of births, marriages, and deaths of the State of Massachusetts, for the year 1869, I find some items of interest to the statistical medical reader. Comparing the numbers in each of these divisions with the previous year, we find that the births have decreased by 52, the marriages increased 970, and the deaths 451. The excess of births over deaths amounts to 10,087, which is 503 less than last year. The increase each day is 27.6 persons. Taking the State census of 1865, one living child was born to every 35.06 persons, one married to every 42.73, one died to every 48.63. The average number of living births daily was 99.01, marriages 40.62, deaths 71.38.

The population of the State, computed from the United States census of 1870, is 1,417,654. This gives 25.49 births to each 1,000 of the people; 20.92 persons married, and 18.38 deaths to each 1,000, the excess of births, etc., over deaths, etc., being 7.11 in a thousand, or 7.11 of one per cent. It is found by computation



that the annual increase of population from 1865 to 1870 is 2.848 per cent., or 28.48 per thousand.

The whole number of births, including still-born, is almost the same as in the previous year, the difference being one-eighth, or one in every 38 persons was born. The births, etc., which fell off at the beginning of the war, in 1862, have never been recovered from. The preponderance of births was in the last half of the year.

Born alive, males 18,606, females 17,500, not stated 35. Males to 100 females, 100.3. Still-born, males 617, females 412, not stated 65. Males to 100 females, 149.8. Illegitimate, males 130, females 156; males to 100 females, 83.3.

The foreign births exceed the American births by 2,129, an increase of 504 over the previous year. Comparing 1869 with 1868, American births have diminished 270; foreign births increased 234; and mixed births (one parent foreign) increased 223. This increase of foreign births is overbalanced somewhat by the excess of mortality among this class of children over that among American families.

Three hundred and forty-five women gave birth to 696 children; 339 had twins, and six had triplets, the same as in the previous year; males 373, females 323. December was the most fruitful month for twins, the month of February the least so; of the six cases of triplets, three cases comprised a male and two females, one three males, two three females.

*Marriages.*—The whole number reported was 14,826, an increase of 970 over the year before; or one person in every 47.81 was married during the year, basing the population at 1,417,654.

The number of marriages in autumn is always the greatest; next in spring, and next summer and winter. The marriage rates correspond in general with the business activity of the several counties. In the centers of trade and manufactures, young persons of both sexes are found in greater numbers with reference to the whole population.

The average age of all the men married in 1869 was 28.9 years, of the women 24.9; of men marrying for the first time 26.4, of women for the first time 23.7. For the first time, 12,426 males and 13,151 females were united in wedlock; 2,133 males and 1,569 females for the second time; 210 males and 70 females for the third; 22 males and 5 females for the fourth; 2 males and 1 female for the fifth, and 3 males indulged in their sixth matrimonial alliance.

The tables furnish some interesting facts in regard to the disparity of ages between the parties married. Only a few may be mentioned as the most remarkable. One man of 32 was married, for the sixth time, to a maiden of 30; also, another man, for the sixth time, to a widow of 62, it being her second marriage. The ages of the oldest parties married for the first time were 60 for each sex. The greatest disparity in the first marriage was the male 67, and the female 20. The youngest male was 16, to a female of the same age. Seven maidens at the age of 14, and 41 at the age of 15, were married during the year; 45 males over 70 sought the marriage altar; and one widower of 80 was united for the second time to a widow of 54, it being her second trial; while but five females over 70 were led to the altar, the oldest being 78, who was married for the first time. A widower of 30 was married for the second time to a young widow of 20, it being her fourth marriage; one marriage is reported where both parties were united for the fourth time each, at the ages of 73 and 62; one male of 73 was married for the fourth time to a widow of 57, her third marriage; one man of 29 took to him a widow of 30, it being his first marriage, and her fourth; a widower of 56 won the affections of a widow of 52, it being her fifth marriage. The nativity of the persons married is as follows: American 8,522, foreign 4,338; American grooms and foreign brides, 777; foreign grooms and American brides, 1,123; not stated, 66.

*Deaths.*—The number reported was 26,054; males 12,803, females 13,251; being 451 more than in 1868. Number of males to each 100 females, 96.6. Under one year 5,368—males 2,878, females 2,490; under five years, males 4,841, females 4,383; between 20 and 30 years, males 1,182, females 1,427. Nineteen persons died aged over 100 years; the oldest was 107; sixteen had been married, three not stated. The greatest mortality was in the quarter ending in September.

It is apparent from the tables of mortality that the deaths among children of foreign parentage are more numerous than among those of American parentage; and that the great bulk of our population past middle life is still of American parentage.

It may be stated in relation to the causes of death, that the mean temperature for the year, as noted at Cambridge and Amherst, was 46.6 at the former place, and 46.5 at the latter, and that the total rain fall, in inches, was 47.98, and 53.48. The average temperature for the year was about three degrees lower than the mean

of the past half century. The percentage of deaths from zymotic diseases was 26.8; from constitutional diseases, 25.5; from local diseases, 27.9; from developmental diseases, 15.7; and from violent deaths, 4.1.

The number of deaths from the most destructive zymotic diseases is as follows: dysentery, 481; typhus, 1,205; whooping cough, 320; croup, 473; diphtheria, 296; measles, 222; scarlet fever, 1,405; 93 persons were killed by railroad accidents; 26 died of poison; 83 by burning; 191 by drowning; 92 committed suicide; 6 murdered; 93 lost at sea; one killed by lightning; and one man executed; 1,424 young children died from cholera infantum, 137 less than the previous year. During the past five years 4.95 per cent. of all the deaths was from this disease; and the percentage for 1869 was 55; nearly one quarter of the deaths among nursing children, in Boston, die of this disease annually; 4,659 died of consumption, with an excess of 513 females. All the months and seasons furnish this proportion, with singular equality. 9.55 per cent. were under 15 years; 65.99 per cent. between 15 and 50; and 24.46 over 50 years; 26 per cent. were between the ages of 20 and 30. The deaths from this disease have diminished for the last twenty years. 1,736 died from pneumonia, 85 more than in 1868; males predominated. March was the most fatal month. 35 per cent. occurred in children under 5 years of age, and 29 per cent. in persons above 60 years; showing the fatality of the disease at the extreme of youth and age. It would be interesting to pursue this report still further as it contains more than one hundred pages of statistical tables, aside from the summary observations, by Dr. George Derby, Secretary of the State Board of Health, but space will not permit.

B.

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DAYTON, OHIO, *November 10, 1871.*

The following preamble and resolutions in regard to medical education were unanimously adopted by the Montgomery County Medical Society, at its meeting on the 2d inst.:

*Whereas*, The Medical Department of Harvard University has introduced a new plan of medical instruction, by which the student advances by yearly steps with an examination at the end of each year; and,

*Whereas*, From the fact that medical journals are almost universally appendages of medical schools, such changes as these, and



the benefits evidently resulting from them, are not duly placed before the profession ; it is, therefore,

*Resolved*, That we believe this plan of instruction a decided improvement on the plan generally followed ; of great advantage to the student and certain to prepare men better for practice ; that as an associate body of private practitioners, without hostility to any college or institution, we hereby express our approval of the plan just introduced by Harvard, tender our thanks for what we sincerely believe to be a decided advance in the cause of medical education, and express our best wishes for her success under the new arrangement.

*Resolved*, That the Secretary be directed to furnish a copy to the medical journals of the State for publication, and a copy to the Dean of Harvard University.

J. C. REEVE, *Sec'y pro tem.*

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*Obituary Record*.—Died, at London, on the 24th of September, in the 66th year of his age, Samuel Solly, F. R. S., formerly Senior Surgeon and Lecturer on Surgery to St. Thomas' Hospital, and President of the Royal Medical and Chirurgical Society. Mr. Solly's principal contributions to medical literature were a work "On the Human Brain," which earned for him an election as Fellow of the Royal Society ; a large volume of "Surgical Experiences," and "An Analysis of Müller on the Glands."

In Paris, 18th September last, M. Blanche, formerly President of the Academy of Medicine. Dr. B. enjoyed great reputation in the treatment of the diseases of children, and was highly esteemed and honored by his brethren.

August 30th, aged 47, Hyde Salter, M. D., Physician to Charing-Cross Hospital. Dr. S. was an eminent physician in London, and well known in this country as the author of a valuable work on asthma, reprinted in the Library Department of the *News* for 1863.

*Vienna*.—Prof. Kørner, of Gratz, one of the most eminent of the German professors, and well known by excellent works on tuberculosis, movements of the heart, fever, etc., has been appointed to the chair of Professor Oppolzer.—*La Sante Publique*, Sept. 21, 1871.

## Selections.

*Medical Beneficiaries.*—The following is by Dr. Bowling, of the Nashville *Medical Journal*, in reply to an application by an M. C. for beneficiary admission to the medical department of the University at Nashville, and is so appropriate that we print it entire :

“NASHVILLE, TENN., *September 30, 1871.*

“HON. ——— : *My Dear Sir* : I am just now in receipt of your kind favor of the 25th instant. I know you meant well in penning it, wanting, as you did, information interesting to three of your constituents, whom to oblige was to secure their votes, and probably those of their friends, in the next canvass. I hope and believe you will give me credit for meaning equally well in answering your interrogatories as best I can.

“You do not even intimate that these young men are poor, or even worthy, but only that they want to save the money that other students pay, which, to say the least, is a motive unworthy a young man who is sufficiently ambitious to propose to attach himself to an honorable and *liberal* profession.

“You say this begging of patronage, you take it, ‘is a fair competition between the schools for students.’ I suppose it is fair, for we have Scripture for it that a man spread a feast and resorted to cross-ways, by-ways, and all sorts of ways, to secure guests to consume it. Why you should suppose that there *could* be competition between sane people for free pupils, I must avow, as Burns’ dog did before me, ‘is past my comprehension,’ unless, indeed, you borrow the idea from the generous usages of your brother lawyers, who never charge anything worth mentioning, either at the bar or in law colleges. The competition, if it existed, would be perfectly fair, but this competition would assume a new relation to business, and become its death, instead of being the life of it. Your flattering conception of the dignity of my profession, as compared with your own, entitles itself to my most grateful acknowledgments.

“I hope you will not be offended, in my effort to enlighten you in regard to the medical college in which I am an unworthy teacher, when I say that the present congress of the United States

could, as a body, infinitely easier enter the kingdom of heaven than they could conjointly, with the senate and cabinet super-added, get a single student, though as poor as Job's turkey, in this institution, without paying every dollar of his college fees in advance; while the poorest and most obscure honorable and regular physician in the United States might secure the privilege you ask for half a dozen students. I acknowledge a congressman is an honorable gentleman, whom I esteem by far too much to deprive him of the happiness of dispensing his own charities at his own expense. I should feel more honored in holding his stirrup when he mounted his steed, than by putting an unborrowed quarter in the hat for him when it came round, as I stood, cap in hand, beside him, under the protection of his shadow, or to beat the bush for votes for him at my own expense. No, sir! While this college has kept its own counsel, not letting its right hand know what its left was doing in charity cases, its friends throughout the South will attest its munificent liberality. But it has always discharged this delicate trust under the direction of medical men, its motto being from the beginning, *'Medical matters belong to medical men,'* and I would not stay two minutes in any medical college that would yield, even through courtesy, the privilege to the grandest dignitary in all the land, outside of medicine, to put a finger in its pie.

"Now, my kind sir, the fee here is only nominal, being but fifty dollars. The three students you mention would, jointly, have to pay but one hundred and fifty dollars. Your salary amounts to about four hundred dollars a month. Now, if these young men are poor and deserving, living in your county, and your constituents, you could afford to pay their fees, and gratify their wishes in sending them here; and if they are not, it is a shame to give them this advantage over other students. When a physician advertises that he will attend the poor gratis, our code expels him from the brotherhood, because he impliedly accuses other physicians of a want of a magnanimity equal to his own.

"We do not know that the schools you have in your eye do the things you mention; indeed, I am almost certain they do not. But that is neither here nor there; no true man will follow a bad example, nor will any one but a fool drink from a creek who has the privilege of a spring.

"Hoping that you are now assured that no competition, fair or unfair, will ever permit the shadow of a politician, though the highest in the land, to darken the altars of one medical college in



the South, I shall only add that, amid the changes incident to mortals and their works, it is within the pale of conceivable things that its priests, as mendicants, may be constrained to beg their bread from door to door, yet I have full confidence that a generous Providence will save them from the ignominy of that political vassalage that would make them labor to create votes for congressmen, and do their charities by the sweat of their souls.

"You say 'free education is a great thing;' but I tell you free political institutions are greater. Within a few years, congressmen have pretty much gobbled up two co-ordinate departments of the government, and I protest against their risking their precious anatomical integrity by gobbling up, also, our medical schools. Free education is good, but it is made free by government footing the bill, or some one else pays the fiddler besides the dancers. And we have such medical schools, and very good ones they are. But they are under no obligation to Congress, and every one there fares alike, while their teachers are paid in some way, and scorn to hint that they are more benevolent than other teachers.

"If money were our object, we would make haste to accept your proposition, for these congressional appointees are each charged thirty dollars as beneficiaries, and your three would put ninety dollars clear in our pocket, besides adding three to our matriculation list, so that the only drawback to the glory of this charity medical education is the impossibility of securing congressional drummers enough to enrich those who employ them. One hundred free students to a college would be worth to it three thousand dollars; so, after all, my dear sir, you see that these very charitable concerns are using you as a drummer to put money in their pockets.

"Were I a congressman (from which angels and ministers of grace defend me), and a professor should ask me to become a whipper-in for his tub, I should reply by asking, in turn, 'Is thy servant a dog, that he should do this thing?'

"Excuse me, my dear sir, for saying in this connection, what all fair-minded men will indorse, that the motive in this three-cornered game that enlivens every corner—congressman, college, and student—one to make votes, one to make money, and one to save it—under the circumstances, is alike unworthy of each, and, like every 'departure' in a wrong direction, will end in regret. No college can exist upon this plan. Few congressmen who burn their fingers with this bait will ever be again returned to congress,

for the physicians hold almost every district in their hand, and each will think here that the tailor had best stick to his goose, while the student may find it a plague to him hereafter. Where such students are advertised for, others would scarcely desire to go, knowing they would be grouped with the 'congressional beneficiaries,' so that it does not take a Solomon to predict that while this wizard-oil arrangement looks very much like a fishing-net, it is in truth only a spider-web, and will go to pieces upon the first puff of common sense directed against it.

"I am, my dear sir,

"Very truly, your friend and servant,

"W. K. BOWLING."

*Frozen Beef-Essence.*—Dr. H. B. Hare states (*Phila. Med. Times*, Oct. 16, 1871) that in a case of scarlet fever in a child, the patient could not be induced to swallow the beef-tea which its condition required. As he took ice with avidity, the father suggested that if the beef-tea were frozen he might then be induced to take it in that form. The suggestion was carried out, and the child took the frozen beef-tea readily. This expedient may in many cases be advantageously resorted to.

*Horace Greeley on the Woman Question.*—Mr. Greeley, in a letter to the editor of the *Golden Age*, says: "I have but two left of seven children, and these are both daughters. I would gladly fit them for lives of usefulness and honor, as beloved and loving wives of virtuous, upright, noble men, and mothers, if it shall please God, of good, healthy, happy children. If it be decreed that they are to be, not such women as those I have most admired and revered, but men with a female physique—powerful in ward caucuses and nominating conventions, vehement in senate and on the stump, and effective before juries in the trial of actions for *crim. con.*—I pray that my career on this globe shall close before theirs is fairly begun. When and where they shall thus shine, it will not be pleasant for me to stay."

*Obituary Record.*—Died, September 8, 1871, at Norfolk, Mass., of apoplexy, John Edwards Holbrook, M. D., formerly Professor of Anatomy in the Medical College of South Carolina. Dr. H. was not only an excellent anatomist, but also a distinguished naturalist. His splendid work, in five quarto volumes, entitled "North Ameri-

can Herpetology," is justly esteemed as a most valuable contribution to Natural History.

*Treatment of Nævus by the Galvanic Cautey.*—Dr. Maas, of Breslau, has collected in the *Archiv für Klinische Chirurgie* (vol. xii.) the histories of 112 cases of nævus treated by the galvanic cautey. The results were as follows: *Capillary Nævus*—cured 32; improved, 1; result unknown, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; result unknown, 1; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumors*—cured, 6; improved, 1; result unknown, 2. He derives from the examination of the cases the conclusion that the galvanic cautey is followed by the best results in nævus, and is much safer than the injection of perchloride of iron or any other coagulating fluid. It would, however, be wrong to say positively that the remedy is indicated in all cases of nævus. As Virchow has well remarked, the surgeon must take the circumstances of each case into consideration. The battery used in the cases referred to was that of Middeldorpf.—*Brit. Med. Journal*, Sept. 30, 1871.

*Tetanus.*—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

*Efficacy of Vaccination.*—Dr. De Renzy quotes the following interesting fact:

"The priest of the Mahomedan shrine of Bahawul Hug, at Mooltan, Mukdum, Shah Mahomed, consented, at the request of the Deputy Commissioner, General Van Courtlandt, C. B., to have his son vaccinated; and I performed the operation myself, hoping that the example set by this high religious authority would have a good effect in inducing other Mussulman parents to allow me to vaccinate their children. The priest, indeed, had little faith in my assertions of the efficacy of vaccination; but, as he thought it could do no harm, he yielded, from a feeling of courtesy to General Van Courtlandt, so far as to have the child operated on. In due course, and some time afterward, the ceremony of inoculation, which had been practiced for many ages in the Mukdum's family, came to be performed; and then, to his surprise, he dis-



covered that the boy would not take small-pox. The most skillful inoculators tried and failed to produce the disease. The experiment satisfied the Mukdum of the truth of what I had told him—that vaccination, properly performed, is an almost sure preventive of small-pox. The boy is now himself the priest of the shrine of Bahawul Hug, his father having died two years ago. Unlike his father, who was deeply pitted with small-pox, he does not bear the smallest trace of that terrible disease.”—*Brit. Med. Journal*, Sept. 30, 1871.

*Cholera*.—At the present time epidemic cholera is prevalent in the pachalik of Bagdad, in the central and northwestern provinces of Persia; in the trans-Caucasian provinces of Russia; in several of the Russian ports of the Black Sea and Sea of Azov; throughout Russia in Europe, and in the provinces of Germany on the Baltic and North Sea. The disease is extending from the pachalik of Bagdad into the Hedjoz, from the Black Sea to the Bosphorus, and from the seaboard provinces of Germany to the central provinces of the empire. In presence of a widely-spread extending epidemic of cholera, which has effected a lodgment in the westernmost parts of Europe, and is increasing there, the danger of the epidemic invading Great Britain can hardly be held to be remote, or the precautionary measures premature which are now being so strongly urged upon local authorities.—*Lancet*, Sept. 30, 1871.

*Homœopathy*.—The *Lancet* (Sept. 30, 1871), in commenting on the appointment of a professing homœopath as a union medical officer, makes the following just remarks: “No one ought to be placed in charge of the sick poor who professes to depend entirely on some particular specialty or peculiarity of treatment, and who is thus shut out, *ipso facto*, from the general principles of therapeutics, and may for that reason be obliged to offend the prejudices of the sick, who are most concerned in the matter. Private persons may go to what doctors they please; but it is the duty of the state to provide that its medical officers should be, in the widest sense of the term, general practitioners, and not curtailed in their usefulness by the chains of some narrow hypothesis or some peculiar crotchet.

*Radical Cure of Retroflexion of the Uterus*.—In some clinical observations on this subject, Dr. Beatty, of Dublin, remarks that it is

only during the last few years that practitioners have admitted and been able to recognize the frequent occurrence of retroflexion of the uterus. He gives a review of the methods adopted for its relief or cure by Sir James Simpson and Dr. Moir, and then proceeds to describe the plan he has himself found the most effectual. He first rectifies the position and shape of the uterus by means of the sound, and then passes one of Sir James Simpson's uterine stems with the bulb at the bottom into the cavity of the organ. This is not often easily accomplished, for the sharp bend in the uterus is at times so rigid and permanent that the instant the sound is withdrawn, the organ flies back to its false position as if with a spring. The stem once introduced is to remain for at least four or six weeks. But unless it be kept in its place, it will fall out. To prevent that Dr. Beatty inserts a flat box-wood pessary into the vagina, upon the smooth surface of which the bulb of the stem would rest, and would move freely over its surface; thus enabling the uterus to change its position, as it is accustomed to do, according as the bladder or rectum is filled or emptied, or as the position of the woman is horizontal or perpendicular; while yet the organ is kept quite straight by the stem within. The daily use of a weak astringent wash thrown into the vagina with a syringe would keep the mucous member free and healthy, and the woman from the first day might go about without the least inconvenience. At the end of the term specified, Dr. Beatty removes the pessary and stem, by which time the uterus will be found to have grown straight; but as a precaution against any relapse, he proposes the insertion into the vagina of a single ring of gutta percha, made by bending a rod of that material a quarter of an inch in diameter into a circle of the same diameter as that of the box-wood pessary just removed from the vagina. When such a ring is introduced into the vagina, and a woman stands up, it assumes the same position as a flat pessary does—namely, a very oblique one. If the finger be passed into the vagina of a woman in the erect position, while she is wearing a flat round pessary, the instrument will not be found lying horizontally, but very much sloped; its interior margin will be felt low down behind the pubes, while the posterior rises high in the back of the vagina behind the cervix uteri. The ring, when introduced, assumes the same position; and while the posterior part of its periphery rises up, behind the cervix, and offers resistance to the fundus if disposed to fall back, the cervix is permitted to pass through the wide ring and

descend to its proper position in the vagina. The uterus, previously straightened by the uterine stem, is thus kept in its natural form by this simple means. The ring may be removed at the end of six weeks, or may remain longer, for it does not interfere with any of the functions of the vagina.—*British Medical Journal*, September 23, 1871.

*Effects of Bromide of Potassium.*—A correspondent of the *British Medical Journal* (September 16, 1871) asks whether any ill effects—and if so, of what character—have been known to follow the long-continued use of bromide of potassium. Dr. W. A. Hammond, in reply, states that having given it in thirty-grain doses three times a day, in the case of a patient suffering from paralysis agitans, he observed the temporary production of melancholy, with delusions, contraction of pupils, drowsiness, and failure of memory. Dr. Noble states that having given it to a lady, aged 54, in half-drachm doses, night and morning, for epileptic attacks, occurring once or twice a week, she was at first improved, slept better, and had no seizure. Then having taken the medicine for three weeks, she was directed to continue it for two or three weeks longer. The effects were that, although she had had no more epilepsy, she had a sad and sunken expression of countenance, an unsteadiness of gait, a general atony—a sort of ataxia—of the whole muscular system, as if a general shaking palsy were imminent. Dr. Noble entertained no doubt that these effects were due to the toxic effects of the bromide. The intermission of medicine and administration of a simple stomachic, soon led to the disappearance of the above-mentioned symptoms and to subsequent recovery. Dr. Needham, of New York, has used it largely in the treatment of insanity; and although, in occasional instances, temporary depression, loss of weight, and slight furunculoid eruptions have followed its use, its general effects have been most satisfactory. In two cases, however—the one of mania, the other of acute melancholia—scruple doses given three times a day produced, within a week, extreme depression, rapid wasting, impairment of muscular power, dilatation of pupil, hesitation of speech, and great taciturnity, with loss of mental power, amounting almost to paralysis of thought, a condition presenting the strongest resemblance to that which accompanies brain exhaustion by whatever cause produced. In both these cases, suspension of the bromide was rapidly followed by the disappearance of its ill effects. Dr. Provis, of Wilton, gave an



epileptic lady 15 grains, and subsequently increasing doses up to 45 grains of the bromide, three times a day. She suffered alternately from depression of spirits, great bodily weakness, and ecthematous eruption, drowsiness, extreme fœtor of the breath, and great impairment of the intellect. These symptoms also disappeared on discontinuance of the remedy, but the frequency of the epileptic attacks increased. Dr. Foss, of Stockton-on-Tees, gave steadily increasing doses to an epileptic, till the quantity amounted to a drachm a day; great nervous disturbance then began to display itself, the patient suffered from gastric irritation, pain in the muscles of the legs and thighs, great depression of spirits, sleeplessness, want of appetite, hæmatemesis, and pain after food. On reduction of the dose to half a drachm daily, all the symptoms disappeared, and no return of the epilepsy has occurred during the last fourteen months.—*British Medical Journal*, Sept. 23, 1871.

*Treatment of Some Affections of the Nasal Cavities.*—In the course of the winter various forms of disease occur in the northern regions of Italy, which have their starting-point from, and their seat in, the nose. For erythema, a troublesome and painful accompaniment of acute ozæna, attacking the upper lip, it is customary there to apply, three or four times a day, glycerized starch paste twenty parts, laudanum one part. This affection, when once excited in infants at the breast, is very persistent, and the above remedy answers well. Demarquay recommended the injection into the nostrils, by means of a glass syringe, of a little glycerine and water. In cases where the coryza is of a chronic character, the following prescription is said to be very successful in effecting a cure: Aq. rosarum sixty parts, glycerine sixty parts, tannin one part. The use of glycerine is well adapted for cases accompanied by a disagreeable smell in the nose, and the frequency of the application should vary with the intensity of the affection. If the suppuration be of a syphilitic nature, the glycerine may be combined with calomel, or with binocide of mercury. In scrofula a little iodine may be added to the glycerine. The ill odors accompanying ozæna may also be almost infallibly removed by means of injections of solutions containing the permanganate of potash in the proportion of one part of the salt to ten of water. Darcey injects into the nostrils a solution of 0.12 of tannin, 1.75 of glycerine, and 2.80 of water. Galligo, on the other hand, prefers injecting a solution of eight

parts of chlorate of potash in 100 of glycerine. Glycerine and starch readily lend themselves to the application of mercurial, lead and iron salts; and glycerine is useful in cases of odorless nasal humors, and herpes of the nose and lip.—*Gazetta Medica Ital.* and *Aerztliches Literaturblatt*, No. 7, 1871.

*Palatable Castor-oil.*—Castor-oil may be rendered as “sweet as honey” to take by combining it with equal parts of pure glycerine, with which a few drops of cinnamon oil have been previously rubbed up.—*Boston Journal*, May 18, 1871.

*On Arterial Transfusion of Blood.*—Professor Hueter recorded some time ago a case of poisoning with carbonic oxide, in which he preserved the life of the patient by transfusion. More recently, in the *Centralblatt*, he has recommended the same, on the ground of the successful issue of three cases where healthy blood was injected to remove the symptoms accompanying intense septicæmia. Hueter pursued in these cases not the usual plan of injecting venous blood into a vein, but that of injecting the venous blood of a healthy man into the *artery* of the invalid. He performs the operation in the following way: During the defibrination of the blood by beating and filtration through a piece of fine muslin by assistants, he exposes the radial artery or the tibialis posticus, above the malleolus internus, the latter being just as easy to find as the former. Any slight hemorrhage is carefully arrested, and a very small opening is made in the sheath of the artery, which is separated from the adventitia; a sound is then pushed under the artery, and moved hither and thither, till about two and a half centimetres of the artery are isolated. Four pieces of strong silk are now passed beneath the vessel, of which one forms a reserve ligature. The silk nearest to the heart is now tied tightly, so as to prevent all entrance into the vessel of blood coming from the heart. The injection syringe is now filled, and the lowermost silk slightly pulled, so as to stretch the vessel. An opening is now made in its upper part, by cutting it about half way transversely with scissors. The canula is introduced and secured by the third thread. The tension hitherto kept up on the lowermost silk is now relaxed and the injection begun to be forced in. When the injection is completed, the lowermost thread is tightened, and the piece of artery between the two ligatures excised. The wound is simply dressed. The principal difficulties of the operation are its com-

plexity, and the necessity that exists of maintaining a considerable pressure on the piston to overcome the cardiac pressure. On the latter ground Hueter recommends the employment of Mosler's injection-syringe, in which the piston works with a screw. In Hueter's opinion, the objections are far outweighed by the advantages which arterial transfusion affords. One of these advantages is, that the blood reaches the heart more slowly, and with greater steadiness and regularity, than by venous transfusion. He regards the injection of small quantities (two, three, or four ounces) as useless, in most instances from eight ounces to one pound being requisite. But if so large a quantity be suddenly thrown upon the heart as occurs in injection by the veins, a fatal arrest of its activity may occur. It must be remembered, also, that in consequence of the bleeding prior to the injection, as much unhealthy blood is removed as good is introduced from the system. Another advantage attendant on the arterial injection is security against the introduction of air, any small quantities that may be introduced being rapidly absorbed during the passage of the blood through the capillaries. By this method, also, all danger of phthisis is avoided, which in many instances, when transfusion of the veins would otherwise have proved successful, has led to the death of the patient. It has not yet been ascertained whether the contact of a large quantity of blood, rendered arterial by whipping with the waste of the right heart, is of any real advantage. In the mode of transfusion by the arteries, the blood necessarily becomes venous during its passage through the capillaries. In conclusion, Mr. Hueter observes that transfusion, whether performed through the veins or arteries, constitutes a weapon against diseases which can in no other way be contested, and points out the excellent results we may anticipate from its employment.—*Aerztliches Literaturblatt*, No. 6, 1871, and *Langenbec's Archiv*, 1870.

*Criminal Abortion.*—Dr. Finnell exhibited at the meeting of the New York Pathological Society, September 13, 1871, the uterus and appendages taken from the body of a young woman, Alice Bowlsby, who died by abortion. The case was the one associated with the "the great trunk mystery." The young woman, finding herself pregnant, came to New York to have an abortion produced. She entered the house of one Rosensweig, who performed some operation upon her which resulted in her death. She left her home on Wednesday, and probably on the same day the abortion was produced.



On the following Saturday evening her remains were found packed in a trunk at the Hudson River Railroad depot, checked for Chicago. The autopsy was made by Dr. Cushman, to whom Dr. F. was indebted for the specimen. The body was far advanced in decomposition. On opening the abdominal cavity there were marked evidences of metro-peritonitis; the uterus was enlarged and gave other signs of having contained a fœtus; the mucous membrane of the cervical canal was torn in several places, as if by some blunt instrument. He, Dr. F., thought it rather remarkable that death should have occurred so rapidly in this case, and that decomposition should have been so far advanced so short a time after the operation.

Dr. Rogers remarked that the facts connected with this case were curious and interesting. This young woman was said to have left her home on the afternoon of the 23d; that while her mother went home she took a détour to New York. Nothing more was heard of her until Saturday, the 26th—three days after. She was found in a trunk, in such a state of decomposition as to attract the attention of the people employed in the depot. It would seem that she must have been dead at least twenty-four hours to have arrived at that state of decomposition. Supposing the operation was performed on the night of her arrival, she must have died on the morning of the 25th, to have given time for the decomposition to have advanced. It was altogether probable that she died within twenty-four hours after the operation, and taking that apparent fact in connection with the alleged cause of death—metro-peritonitis—it made a very unusual case, more especially when the lacerated condition of the tissues about the neck of the uterus was taken into consideration. The question might be agitated whether the woman did not die during the operation, from mere shock, or whether it were not possible that a uterine vein had been opened and air entered the circulation.—*Medical Record*, Oct. 2, 1871.

*The Formation of Pyocyanine.*—In the *Medical Times and Gazette*, Dr. J. Fayer has an article on this coloring matter of pus:

It has occasionally been noticed that pus formed on granulating surfaces has a bluish or greenish-blue tinge, and the coloration has generally been attributed to the presence of a modification of the green coloring matter of the bile, or of the bluish ingredients sometimes found in the urine.

Dr. Gibb, in the *British American Journal of Science* (new series,

vol. vi., p. 201), relates a case in which a purulent discharge of this color was observed in a diseased female breast. The coloring matter is said to have been due to cyanide of iron (Holmes' "Surgery," 2d edition, vol. i., p. 119). M. Fordos, however, says that the coloring matter has no connection either with the bile or urine. By a chemical process, which consists of soaking the linen stained with the pus in water containing a small quantity of solution of ammonia, a bluish-tinted or green-tinted liquid is obtained. Chloroform added to this, and the blue principle, with a yellowish foreign matter producing the green tint, is extracted from the water. By a further process the blue principle is obtained in prismatic crystals of a beautiful blue color. This principle M. Fordos calls pyocyanine ("Year-book of Medicine and Surgery," Sydenham Society, 1861, pp. 112 and 113).

It has generally, I believe, been observed in cachectic individuals, and examples have occasionally come under my observation in this hospital.

The following case being a marked one, occurring in an European female in moderately good health, though somewhat anæmic from malarious influences, is worthy of record: Mrs. W., English, aged 36, stout, of light complexion, and rather anæmic, was admitted on February 6, 1871, into the Medical College Hospital suffering from two indolent ulcers on the right leg, just above the ankle. The ulcers were of several months' duration, and were ascribed to abrasions. Want of proper care on her part appears to have caused them to assume the indolent condition in which they were found. The surrounding parts were indurated from inflammatory products and textural irritation. Tinct. ferri sesquichlorid. was prescribed, and good diet and wine; water dressing was applied, and the limb placed at rest on a side-splint.

After some days the liquor lyttæ was applied, with the view of removing the thickening of the tissues surrounding the ulcers, and of expediting absorption. The water dressing was also continued. Considerable improvement was effected; but again assuming the indolent condition, ol. terebinth. *m.xx.* was given thrice daily. The result was an increase in action, and it was observed that the pus which now covered the surface of the ulcers stained the dressings of a bluish-green color. This continued in a most marked manner for several days. The turpentine was discontinued, as her stomach became irritable, and sulphate of zinc lotion was applied

like water dressing. Granulation was now proceeding, and the surface contracting, but the progress was slow, and by the middle of March the ulcers were still uncatrized. About this time a cold abscess formed on the outer aspect of the right knee, which resulted in a sore very like those on the leg.

During April her general health was considerably deranged, and, as suspicions of a constitutional taint were entertained, the iodide of potassium was administered. Her general health improved again; but the sores having relapsed into the indolent state, the liquor lyttæ was again applied, with water dressing after it had taken effect. On May 16th the discharge, which had for some time been quite natural, again assumed the bluish-green tinge, and it continued so for a week, when it disappeared and the natural appearance of laudable pus was assumed. Cicatrization was soon after this completed, and she was discharged in very fair health.

There was no reason to believe that the coloration was caused by any external application, for the greatest care was taken to prevent any deception.

*Stinging Plants.*—The *Pharmaceutical Journal* remarks that although poisonous properties prevail to a great extent throughout the *Euphorbiaceæ*, many of the plants are highly valuable both for food and medicine; the seeds of many of them abound in oil more or less acrid and purging, as *Ricinius communis* and *Curcas purgans* for instance; some have the disagreeable habit of their relatives, the nettles, and are armed with powerful stings. An interesting genus on this account is *Cnidoscolus*, two species of which are formidable enemies to come in contact with. *C. quinquelobus*, better known perhaps as *Jatropha urens*, is one of these. It is a native of South America and has been in cultivation in hot-houses in this country, but the effects of its sting are so dreadful that collectors and gardeners have a wholesome dislike to it. The first sensation of a sting from this plant is a numbness, often accompanied by swelling of the lips; it frequently impedes the circulation and in some persons produces unconsciousness for a length of time. The pain is very severe and lasts for some days. It is said that the part touched by the sting remains swollen for a length of time, accompanied by a constant itching. Another species (*C. stimulans*), a native of the Southern States of North America, has palmately lobed leaves from four to six or eight inches long, covered with long stinging hairs. The plant has received the name of "Tread-softly," on account of the stinging hairs causing much pain to the bare feet of negroes who walk inadvertently amongst the plants. The roots are said to be nutritious and are used for food.



## Editorial.

*Another Year Complete.*—How rapidly the months roll by; whether we be ready or otherwise, time waits not, delays not. It seems but a brief day since 1871 commenced, and yet the present number completes the series of another year's work. In looking over the year we feel there is much to congratulate ourselves upon; for while we have the same sense of regret that all experience who labor for the common good—the same feeling of shortcoming—yet we look over the accumulated numbers with a degree of complaisance; we feel that we have afforded to our readers a large amount of good matter; a large number of contributors from every part of the country have furnished our material; and in all respects we are vain enough to believe the journal is more than worth its cost, as we know it is more than welcome to a large circle of readers.

Before this number reaches its varied destination, we shall be busy with the initial of 1872. The printers cry for "copy" is inexorable. We proceed, therefore, in the regular order of the months and years, with our routine of work—trusting to the good will of our friends for the help that is necessary to make and sustain a good journal—trusting to their good will to bear with inevitable shortcomings. Our plans and arrangements for another year contemplate work, and anticipate various matters for the benefit of our readers; but after all the long past of our mutual intercourse is the best guaranty of the future. Without more ado, we express our thanks to our subscribers for the kindness and patronage of another year; again we ask its earnest continuance; and to all our readers we extend the congratulations and good wishes of the Christmas that is just about to greet us.

*Chicago Matters.*—The terrible conflagration of the proud city of the lakes has become a matter of history, and we have no desire at this late day to dwell upon the sad features of the great fire of the century. The generosity of a nation has brought comparative relief to the mass of sufferers, but the last to be considered as proper objects of aid are the physicians who have lost all they had

in the world. We are glad to know that already the physicians of many of our large cities have substantially remembered their brothers of Chicago. To such as still desire to do good in this direction we may say that contributions sent to Dr. N. S. Davis, or Dr. Walter Hay, 384 Michigan avenue, Chicago, will be judiciously distributed. As Chicago physicians have lost their apparatus, instruments, and books, donations from publishing houses and instrument makers would be acceptable.

*The Medical Journals* of Chicago were ready for mailing but are burned, as also the mail books. The publication of both journals will be at once resumed, but it will be well for subscribers to forward their address anew, the state of their accounts, and if in arrears substantial help.

*The Rush Medical College* is consumed; for the present the course of instruction is given in the hospital. The loss of the College edifice comes heavily on the faculty, who had erected it at their individual expense. The trustees and faculty therefore appeal to the friends and alumni of the College to aid in its rebuilding. We have not space to give the circular in full, of the trustees and alumni; but those interested may correspond with Dr. Chas. T. Parkes, 462 Elston avenue, Chicago, who is appointed treasurer of this special college fund, and given bond in a heavy amount. It is believed that the alumni will respond liberally to this appeal, and as an additional stimulus it is proposed to establish a perpetual free scholarship for every donation of five hundred dollars.

*Circular No. 3.*—The Surgeon-General of the United States has recently issued another valuable contribution to our surgical literature. It consists of a report of surgical cases and operations in the army for the five years 1865 to 1871, compiled by Assistant Surgeon Geo. A. Otis. As usual, we have a compilation of a large amount of interesting matter, and as usual presented in a very attractive form, and abundantly illustrated. We have also received from the Surgeon-General's office a report by Assistant Surgeon J. J. Woodward, on "An improved Method of Photographing Histological Preparations." It will be remembered by many of our readers that Dr. Woodward has given a great deal of attention to the photography of various structures, and heretofore has reported in favor of artificial lights; he now modifies his opinions in favor of sunlight, and the present report is accompanied by a series of

beautiful photographs, illustrating some exceedingly interesting microscopic structures.

*The Physician's Visiting List* is passed into a household word, and become among the necessities. Lindsay & Blakiston have already issued the edition for 1872, at reduced prices, ranging from \$1 to \$3, according to size and style.

*Butler's Publications.*—In the advertising department of this number will be found the announcement of Dr. Butler, editor of the *Philadelphia Reporter*, and other works of importance to the profession. We are sure our friends will do well to notice what Dr. Butler offers for their consideration.

*John Keeshan.*—In a notice last month of some personal experience with the extract of *Pinus Canadensis* we neglected to state that it was to be had at the old reliable drug house of Mr. Keeshan. We notice he keeps abreast of the times, among the novelties on his counter being a supply of the veritable *Cundurango*!

*Vermont Medical Journal.*—As early as possible in the year 1872, will be commenced the publication of a bimonthly medical journal, under the title of *Vermont Medical Journal*. Published by J. M. Currier, M. D., at McIndoe's Falls, Vermont. It will be conducted by the ablest physicians in the State. It is designed to make the work *entirely original*, embracing original articles, reports of county and district medical societies, hospital and clinical reports. Price of the volume of 400 pages, \$5, in advance.

*Improved Medical Teaching.*—We have heretofore noticed somewhat in detail the plans for continuous and progressive teaching as adopted in the Harvard (Boston) Medical College. We hope this is the initiative to a general plan of advanced and improved teaching in all the colleges of the country. In another place we give the action of the Montgomery County (Ohio) Medical Society, indorsing the course of the Harvard school, and as representative of a body of our most cultivated medical men, this approval indicates the growing sentiment of the profession.

*Death of a Resurrectionist.*—"Old Billy Cunningham" has been the chief reliance of our dissecting rooms for a great many years.



Very peculiar in his personal appearance, he was known familiarly to a score of successive classes of medical students of this city. To citizens—men, women, and children—he was a household word; to children, a bugaboo; always reckless and getting into the hands of the police sufficiently often to be the best written up local character of the town. During the summer he has been on the down hill grade, and finally died in the city hospital. His body was taken possession of for the dissecting room, so that to the last he continued to contribute to the demands of science.

*Transactions of the Ohio Medical Society.*—At last we announce the issue of our State society volume for 1871. The publication of the proceedings last April has anticipated most that would seem proper to say of the book, indeed, several of the papers have already appeared in the medical journals of this city. As complete, the Transactions for 1871 are the fullest, and probably the most valuable of any of its predecessors. The reports and papers make up a volume of over 300 pages, and bear evidence of care and research in their preparation. The mechanical execution does credit to the publishers—Bosworth, Chase & Hall—and to the good taste of the committee; the press work, tinted paper, and substantial binding are all in good taste. There are several almost unpardonable mistakes in the correction of proof, some of them entirely destroying the sense of the text. This, with the vexatious delay in the issue, is all the criticism we are disposed to offer.

We learn that by some oversight the residence of several of the new members was omitted; hence if any fail to receive their copy, they should at once advise the treasurer, Dr. J. B. Thompson, of Columbus, and if any are in arrears for payment of dues, they should remit to him immediately.

*New Books.*—A number of new publications are on our table. We shall be obliged, however, to delay their notice until another month.

*A Word of Exhortation.*—Already new subscribers are coming in for the new year; for this we desire to express our grateful acknowledgments. We hope all our friends, in every section of the country, will bear us actively in mind. In every leading village we might, and should, have accessions to our list, with a little systematic effort by our friends, and now is the time to do the work. We need help from all our friends in two or three directions, and

do not doubt we shall receive it: Persistent efforts to swell the subscription list, regular condensed contributions, prompt payments. With these aids to our labor we shall prosper in all directions.

*Divided Medicines.*—Our advertising pages exhibit the card of a company engaged in the manufacture of medicines in a shape wonderfully agreeable to the palate, and perfectly reliable as to dose. Specimens of these medicines have been furnished to the dispensary of the Miami Medical College, and we have tried them sufficiently to express our confidence in their convenience and efficiency.

*Literary Exchanges.*—The leading literary magazines of this country are so well known that we only deem it necessary to say to our friends that now is the time to renew subscriptions, make their selections, and forward clubs.

*Harper's Monthly* begins a new year with the December number. Price \$4 a year; or *L. and O.* and *Harper* for \$6.25.

*J. R. Osgood & Co.* publish *Atlantic Monthly*, \$4; *Our Young Folks*, \$2, and *Every Saturday*. We hear a rumor that the last named is to be suspended with the termination of the year as a pictorial sheet, and resume its original form. The publishers announce plans for greatly improving the *Atlantic* for 1872. *Atlantic* and this journal for \$6.

*Godey's Lady's Book* is also one of the household words. Price \$3 a year, or \$5.50 for the two. For sale by all periodical dealers in the country.

*The Methodist Book Concern* issues *Ladies' Repository* at \$3.50 a year; and *Golden Hours* (a boy's and girl magazine), for \$2. These deserve a place in every religious family in the land. All Methodist preachers are agents.

*A Plantation Negro's Prescription.*—A gentleman in Alabama, in exerting himself one day, felt a sudden pain, and fearing his internal machinery had been thrown out of order, sent for a negro of his plantation, who made some pretensions to medical skill, to prescribe for him. The negro, having investigated the cause, prepared and administered a dose to his patient with the utmost confidence of a speedy cure. No relief being experienced, however, the gentleman sent for a physician, who, on arriving, inquired of

the negro what medicine he had given his master. Bob promptly responded:

"Resin and alum, sah."

"What did you give them for?" continued the doctor.

"Why," replied Bob, "de alum to draw the parts togedder, and the resin to soder um."

The patient eventually recovered.

*Cincinnati Hospital.*—We have received the Tenth Annual Report of this institution, being for the year ending February 28, 1871. The report is prepared with care, and we find many facts detailed of interest to the physician as well as to the public.

There were treated during the year 3,045 patients; there were 154 births; there were about 150 operations of importance.

By resolution of the Board, sanctioned by the Legislature, the fees received from sale of clinical tickets are devoted to the establishment of a library and pathological museum; during the year about \$2,000 was expended in this direction.

The cost of maintenance is stated to be \$81,356. It is known that by resolution of the Board some time since, it is made inconsistent for members of the staff to be connected with any medical college. As the result of this, Drs. Murphy, Mussey, Dawson, Mendenhall, Williams, Seely, and Taylor retired from the staff, and Dr. Blackman has deceased. Most of these vacancies have been filled, but not all of them. So far as filled, however, the staff is now constituted as follows:

*Physicians*—C. G. Comegys, John Davis, Wm. Carson, and W. P. Thornton.

*Surgeons*—Thos. Kearney, D. S. Young, Thos. Wood, — — —.

*Obstetrician*—M. B. Wright, — — —.

*Oculists*—Joseph Aub, C. S. Ayers.

*Pathologists*—N. P. Dandridge, J. C. Mackenzie.

*Physician to Roh's Hill (Small-pox)*—C. P. Judkins.

*Richardson's Introductory.*—We are greatly pleased to receive a copy of the superior address of Prof. Richardson's delivered introductory to the twelfth annual course of lectures of the Miami Medical College, in October last. Most of the themes deemed suitable to such occasions are worn threadbare, but the Doctor has gone somewhat out of the usual track and prepared a scholarly address "On the Tendencies and Mutations in the Progress of Med-



iciae." The topic sufficiently indicates the train of thought, but only its reading will really give an idea of the research and thought which it displays.

*The Davidson Fountain.*—As a matter of hygiene, and a thing of beauty for our city, one of the events of the year is the erection of the fountain in Probasco Place, in this city. Our readers have read so much about this great work of art in the daily papers, that we will not make any extended remarks in this direction; but we have thought many would be pleased to have a view for occasional reference and study, so we give it herewith.



*Church's Music Store.*—As most medical men are fond of music, and patronize its culture in their families, our readers will be glad to know where to find an honorable dealer, and a stock of the best pianos. We have now in family use a "Weber" that gives us a delightful degree of satisfaction. In purity of tone and melody it is all that can be desired. We call attention to Church's card in this number of our journal.







